## **Job Safety Analysis Worksheet**

| Department:                             | Job Analyzed:                          | Date Completed:                |
|---|--|--------------------------------|
|   | Task Completed By:                     | Supervisor:                    |
| Location:                               | Analysis By:                           | Reviewed By:                   |
|   | Approved By:                           |                                |
| Required Personal Protective and Emerge | ncy Equipment: Steel Toed Safety Shoes | and Safety Glasses.            |
|   |  |                                |
| SEQUENCE OF JOB STEPS                   | POTENTIAL HAZARDS                      | CONTROLS / PREVENTION MEASURES |
|   |  |                                |
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