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| --- | --- | --- | --- |
| **Job Safety Analysis**  JHA NO: PROJECT: CLINT: | | | |
| Activity**:** | | | Date: |
| **Steps** | **Hazards** | **Control Measures to be Enforced** | **Remarks/Action** |
|  |  |  |  |
|  |  |  |  |
| **JSA Prepared by:** | | **Team Leader check** | |
| Name: | | Name: | |
| Date: | | Date: | |
| Signature: | | Signature: | |