

JOB HAZARD ANALYSIS FORM

Location / Dept:		Date:	New? <input type="checkbox"/>	Revision <input type="checkbox"/>	JSA NO:				
Task			Supervisor:						
			Analysis By:						
Relevant HSE Chapter			Reviewed By:						
			Approved By:						
Team Members (Printed Name)									
Specific rules and procedures to be followed (Safe Work Policy _____)									
Sequence of Basic Job Steps	Potential Injury or Hazards	Recommendations to Eliminate or Reduce Potential Hazards.							
CHECK ITEMS REQUIRED TO DO THIS JOB:									
Safety Glasses	<input type="checkbox"/>	Leather Gloves	<input type="checkbox"/>	Face Shield	<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>	Atmospheric Testing	<input type="checkbox"/>
Hard Hats	<input type="checkbox"/>	Work Vest	<input type="checkbox"/>	Goggles (type?)	<input type="checkbox"/>	Lockout/Tagout	<input type="checkbox"/>	Traffic Control	<input type="checkbox"/>
Safety Shoes	<input type="checkbox"/>	Fall Harness	<input type="checkbox"/>	Flame Resistant Clothing	<input type="checkbox"/>	Warning signs	<input type="checkbox"/>	Other	<input type="checkbox"/>