

Project Name: -

LOCATION		HAZARD ANALYSIS COMPLETED BY:		DATE:
WORK ACTIVITY (Description/Location):				
EMPLOYEE		POSITION		EMPLOYEE
REQUIRED PERSONAL PROTECTIVE EQUIPMENT (Erase what does not apply)				
Gloves Hard Hat Safety Boots	Safety Glasses Reflective Vest Hearing Protection	Dust Mask Goggles Face Shield	Fall Protection Insulated tools Voltage rated Gloves	Arc rated Clothing HRC _____ Other:
JOB STEPS	POTENTIAL HAZARDS		CONTROLS	
AREA HAZARDS			ACTIONS TO MITIGATE HAZARDS	

