

Job Safety Analysis Form

Task:

Effect Date: # of Pages 1 of 1

Department:

Prepared By: Date: <input type="text"/>	Reviewed By: Date: <input type="text"/>	Approved By: Date: <input type="text"/>
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1. Equipment Operated

2. Environmental Conditions

Inside
 Outside
 Cold
 Heat
 Dust
 Vapors/ Mist
 Noise
 Vibration

Other

4. Primary Job Functions & Position

Lifting
 Grasping
 Pushing
 Sitting
 Reaching
 Bending
 Kneeling
 Standing

Pulling
 Squatting
 Other

4. Physical Demands

	Continuously (C) 67-100%	Occasionally (O) 1-33%
	Frequently (F) 34-66%	Not Application (N) 0%
Standing <input type="text"/>	Walking <input type="text"/>	Sitting <input type="text"/>
Pushing <input type="text"/>	Pulling <input type="text"/>	
Climbing <input type="text"/>	Stooping <input type="text"/>	Bending <input type="text"/>
Kneeling <input type="text"/>	Reaching <input type="text"/>	
Carrying <input type="text"/>		

5. Potential Hazards

	<input type="checkbox"/>	PPE	<input type="checkbox"/>	Procedure	<input type="checkbox"/>	Training	<input type="checkbox"/>	Guards	<input type="checkbox"/>	Rest/ Break
	<input type="checkbox"/>	PPE	<input type="checkbox"/>	Procedure	<input type="checkbox"/>	Training	<input type="checkbox"/>	Guards	<input type="checkbox"/>	Rest/ Break
	<input type="checkbox"/>	PPE	<input type="checkbox"/>	Procedure	<input type="checkbox"/>	Training	<input type="checkbox"/>	Guards	<input type="checkbox"/>	Rest/ Break
	<input type="checkbox"/>	PPE	<input type="checkbox"/>	Procedure	<input type="checkbox"/>	Training	<input type="checkbox"/>	Guards	<input type="checkbox"/>	Rest/ Break
	<input type="checkbox"/>	PPE	<input type="checkbox"/>	Procedure	<input type="checkbox"/>	Training	<input type="checkbox"/>	Guards	<input type="checkbox"/>	Rest/ Break
	<input type="checkbox"/>	PPE	<input type="checkbox"/>	Procedure	<input type="checkbox"/>	Training	<input type="checkbox"/>	Guards	<input type="checkbox"/>	Rest/ Break
	<input type="checkbox"/>	PPE	<input type="checkbox"/>	Procedure	<input type="checkbox"/>	Training	<input type="checkbox"/>	Guards	<input type="checkbox"/>	Rest/ Break

6. List Specific Hazards

7. Chemical List

8. Personal Protective Equipment

Eye	<input type="text"/>
Face	<input type="text"/>
Head	<input type="text"/>
Hand	<input type="text"/>
Foot	<input type="text"/>
Clothing	<input type="text"/>
Respiratory	<input type="text"/>
Other	<input type="text"/>