



**Jobs Safety Analysis  
(JSA)**

**Date :**

JOB/ACTIVITY NAME:

JSA #:

DEPARTMENT/GROUP NAME

BLDG/AREA LOCATION(s):

OTHER INFORMATION:

**REQUIRED PERSONAL PROTECTIVE EQUIPMENT FOR ENTIRE JOB**

- |                                           |                                             |                                                    |                                      |                                      |
|-------------------------------------------|---------------------------------------------|----------------------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> safety glasses   | <input type="checkbox"/> safety shoes       | <input type="checkbox"/> chemical resistant gloves | <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> chemical goggles | <input type="checkbox"/> hard hat           | <input type="checkbox"/> welding gloves            | <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> face shield      | <input type="checkbox"/> harness lanyard    | <input type="checkbox"/> leather gloves            | <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> welding goggles  | <input type="checkbox"/> hearing protection |                                                    |                                      |                                      |

Basic Steps	Potential Hazards	Controls

***I understand & will adhere to the steps, hazards & controls as described in this JSA. I understand that performing steps out of sequence may pose hazards that have not been evaluated, nor authorized. I will contact my supervisor prior to continuing work, if the scope of work changes or new hazards are introduced. I understand I have the authority and responsibility to stop work I believe to be unsafe.***

Worker Name (please print)

Signature

Date

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Worker Name (please print)

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Signature

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Date

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***I have reviewed the steps, hazards & controls described in this JSA with all workers listed above and authorize them to perform the work. Workers are competent by up to date training and are supervised by qualified management.***

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Supervisor

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Signature

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Date