JSA No.:

Revised	New	JOB DESCRIPTION:		LOCATION:	Date:				
SUPERVISOR:			REVIEWED BY:		APPROVED BY:	APPROVED BY:			
SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:									
HARD HAT?		SAFETY GLOVES?	SAFETY HARNESS?	RESPIRATOR?	LOCK OUT/TAG OUT?	ARC FLASH?			
SAFETY SHOE	S?	HEARING PROTECTION?	FACE SHIELD?	BARRICADES?	WORK PERMIT REQUI	RED? CHEMICAL PPE?			
SAFETY GLASS	SES?	WORK VEST / PFD?	GOGGLES?	FIRE EXTINGUISHER?	MSDS?	Other:			
COMMENTS:									

(If the conditions change, which introduce a new/different hazard, please exercise your "STOP WORK AUTHORITY".)

Basic Job Steps:	Potential Hazards	Prevention/Mitigation Controls		
(The steps involved in doing the job.)	(Hazards associated with each step.)	(Responsible Person/Party needs to be included "if applicable".)		

Signatures of Participants

Print Employee Name and Signature:	Print Name of Company:	Date:	Print Employee Name and Signature:	Print Name of Company:	Date:	Print Employee Name and Signature:	Print Name of Company:	Date:
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