

# JOB HAZARD ANALYSIS FORM

JOB TASK:		DATE:
TITLE OF PERSON WHO DOES JOB:	SUPERVISOR:	ANALYSIS BY:
DEPARTMENT:	SECTION:	REVIEWED BY:
REQUIRED AND/OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:		APPROVED BY:
<b>SEQUENCE OF BASIC JOB STEPS</b> <i>Beware of being too detailed, record only the information needed to describe each job action. Rule of thumb, no more than 10 steps/task being evaluated</i>	<b>POTENTIAL ACCIDENTS OR HAZARDS</b> <i>HAZARD CLASSIFICATION CATEGORIES: Stuck By/Against, Caught In/Between, Slip, Trip, or Fall, Overexertion, Ergonomic (Awkward Postures, Excessive Force, Vibration, Repetitive Motion)</i>	<b>RECOMMENDED SAFE JOB PROCEDURE</b> <i>HAZARD CONTROL CATEGORIES: Engineer Out (New Way to Do, Change Physical Conditions or Work Procedures, Adjust/Modify/Replace Work Station Components/Tools, Decrease Performance Frequency), Personal Protective Equipment (PPE), Training, Improve Housekeeping</i>

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