

JOB SAFETY ANALYSIS



UNCG

Title of Work Task _____ **Date** _____

Title of Position(s) Work Task _____

Department/Shop _____ **Job Safety Analysis By** _____

SEQUENCE OF BASIC TASK STEPS	POTENTIAL HAZARDS OF EACH PROCESS	RECOMMENDED SAFE TASK PROCEDURES/PPE USE
1.	A. B.	
2.	A. B.	
3.	A. B.	
4.	A. B.	
5.	A. B.	
6.	A. B.	
7.	A. B.	
8.	A. B.	
9.	A. B.	
10.	A. B.	

Reviewed By Office of Safety _____ **Date** _____

JOB SAFETY ANALYSIS



UNCG

EMPLOYEE DOCUMENTATION

I have reviewed the above JSA and am familiar with the required job tasks and PPE.

Employee's Name (Please Print)	Date	Signature
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		
16)		
17)		