

Jobs Safety Analysis (JSA)		Date:
		Developed by:
Job/Activity Name:		JSA #:
Department/Group:	Required Equipment:	Required Documentation: <input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Confined Space Permit <input type="checkbox"/> MEWP Permit

REQUIRED PERSONAL PROTECTIVE EQUIPMENT FOR ENTIRE JOB

<input type="checkbox"/> safety glasses	<input type="checkbox"/> face shield (+ glasses or goggles)	<input type="checkbox"/> nitrile/chemical resistant gloves	<input type="checkbox"/> respiratory protection
<input type="checkbox"/> safety shoes	<input type="checkbox"/> chemical goggles	<input type="checkbox"/> cut resistant gloves	<input type="checkbox"/> other _____
<input type="checkbox"/> hearing protection	<input type="checkbox"/> welding goggles / helmet	<input type="checkbox"/> abrasion resistant gloves	<input type="checkbox"/> other _____
<input type="checkbox"/> hard hat	<input type="checkbox"/> fall protection harness + lanyard	<input type="checkbox"/> leather gloves	<input type="checkbox"/> other _____

Basic Steps	Potential Hazards	Controls