

# FOB - Job Safety Analysis (JSA)

Date :		Assessor :
JOB/ACTIVITY NAME:		JSA #:
DEPARTMENT/GROUP NAME :	BLDG/AREA LOCATION(s):	OTHER INFORMATION:
<b>(CURRENT) REQUIRED PERSONAL PROTECTIVE EQUIPMENT FOR ENTIRE JOB</b> <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"/> 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
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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EHS Training Required for Operator:	Comments:
1.	
2.	
3.	
4.	