

Date:	Location:
Company:	JSA Done By:
Job / Work Activity:	Supervisor:
Required and /or Recommended Personal Protective Equipment:	
<input type="checkbox"/> Hard Hats <input type="checkbox"/> Steel toed shoes <input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Gas Detectors <input type="checkbox"/> Work Permit if Required <input type="checkbox"/> Barricades
<input type="checkbox"/> Gloves <input type="checkbox"/> Cutting Gloves <input type="checkbox"/> Leather Gloves	<input type="checkbox"/> Wet floor signs <input type="checkbox"/> Work Vests <input type="checkbox"/> Fire Extinguisher
<input type="checkbox"/> Full Body Harness <input type="checkbox"/> Job Safety Analysis <input type="checkbox"/> Stop Work Authority	<input type="checkbox"/> Power tools <input type="checkbox"/> Battery powered tools
<input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Full face/or Half face	

Sequence of Jobs steps	Potential Accidents, Hazards, or Environment Impact	Recommended Safe Job Procedures to Eliminate/Reduce Hazards

List all Personnel involved with Job: (Print)

Was worksite cleaned up after completion of work? YES/ NO. Person in charge of Job _____

_____ Company Personal Signature