National Safety Council

JOB SAFETY ANALYSIS

INSTRUCTIONS ON REVERSE SIDE

JOB TITLE (and number if applicable): PAGE____ OF____ JSA NO.____		DATE:	☐ NEW ☐ REVISED
TITLE OF PERSON WHO DOES JOB:	SUPERVISOR:	ANALYSIS BY:	
COMPANY/ORGANIZATION:	PLANT/LOCATION:	DEPARTMENT:	REVIEWED BY:
REQUIRED AND/OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:			APPROVED BY:

SEQUENCE OF BASIC JOB STEPS	POTENTIAL HAZARDS	RECOMMENDED ACTION OR PROCEDURE