

JOB HAZARD ANALYSIS

Review hazards daily before work begins.

Provided by AutoInSync.com

DATE:

JOB NAME / NUMBER

LOCATION / SPECIFIC AREA

FOREMAN / SUPERVISOR

ANALYSIS COMPLETED BY

REQUIRED PPE (CHECK ALL THAT APPLY)

- ☐ Hard Hat
- ☐ Safety Glasses
- ☐ High-Vis Vest
- ☐ Work Gloves
- ☐ Steel Toe Boots
- ☐ Hearing Protection
- ☐ Face Shield
- ☐ Respirator
- ☐ Fall Protection
- ☐ Lockout / Tagout
- ☐ Fire Extinguisher
- ☐ Other: _____

Sequence of Job Steps	Potential Hazards	Control Measures (Safety Actions)

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CREW SIGN-OFF

By signing below, I acknowledge that I have reviewed the hazards and understand the controls required for this task.

PRINT NAME

SIGNATURE

PRINT NAME

SIGNATURE

PRINT NAME

SIGNATURE

PRINT NAME

SIGNATURE

PRINT NAME

SIGNATURE

PRINT NAME

SIGNATURE

SAVE TIME. DO THIS ON YOUR PHONE WITH [AUTOINSYNC.COM](https://autoinsync.com)