

JOB HAZARD ANALYSIS

Provided by AutoInSync.com

DATE:

Review hazards daily before work begins.

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

SAVE TIME. DO THIS ON YOUR PHONE WITH AUTOINSYNC.COM