*JOB SAFETY ANALYSIS*

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| --- | --- | --- | --- | --- |
| COMPANY NAME |  | DATE |  | |
| SITE NAME |  | PERMIT TO WORK REQUIREMENT | | YES ⬜ NO ⬜ |
| CONTRACTOR |  | APPROVED BY |  | |
| ACTIVITY |  | | | |
|  |  | | | |

| ACTIVITY  List the tasks required to perform the activity in the sequence they are carried out | HAZARDS  Against each task list the hazards that could cause injury when the task is performed. | RISK CONTROL MEASURES  List the control measures required to eliminate or minimize the risk of injury arising from the identified tasks. | WHO IS RESPONSIBLE?  Write the name of the person responsible [supervisor or above] to implement the control measure identified. |
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I understand and will adhere to the steps, hazards, and controls in this JSA. I understand that performing steps out of sequence may pose hazards that have not been evaluated nor authorized. I will contact the person who authorized my work prior to continuing if the scope of work changes or new hazards are introduced.

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| NAME [PRINT] | SIGNATURE | DATE |
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