

	<b>Generic Jobs Safety Analysis (JSA)</b>	Date :
JOB/ACTIVITY NAME:		JSA#:
DEPARTMENT/GROUP NAME	BLDG/AREA LOCATION(s):	OTHER INFORMATION:
REQUIRED PERSONAL PROTECTIVE EQUIPMENT FOR ENTIRE JOB		
<input type="checkbox"/> safety glasses	<input type="checkbox"/> safety shoes	<input type="checkbox"/> chemical resistant gloves <input type="checkbox"/> other
<input type="checkbox"/> chemical goggles	<input type="checkbox"/> other	
<input type="checkbox"/> face shield	<input type="checkbox"/> hard hat	<input type="checkbox"/> welding gloves
	<input type="checkbox"/> harness lanyard	<input type="checkbox"/> leather gloves <input type="checkbox"/> other
<input type="checkbox"/> welding goggles	<input type="checkbox"/> other	
	<input type="checkbox"/> hearing protection	

Basic Steps	Potential Hazards	Controls

REQUIRED PERSONAL PROTECTIVE EQUIPMENT FOR ENTIRE JOB		
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<input type="checkbox"/> chemical goggles	<input type="checkbox"/> other	
<input type="checkbox"/> face shield	<input type="checkbox"/> hard hat	<input type="checkbox"/> welding gloves
	<input type="checkbox"/> harness lanyard	<input type="checkbox"/> leather gloves <input type="checkbox"/> other
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	<input type="checkbox"/> hearing protection	