

Job Safety Analysis Worksheet

Title of Operation:	SOP/SWP No:
Position/Title: <i>(Person who does job)</i>	Building:
Department:	Section:

BASIC STEPS	POTENTIAL HAZARDS	PROCEDURE TO BE FOLLOWED (DOs)	SAFETY PRECAUTIONS <i>(if procedure does not fully control risks)</i> (DON'Ts)

Prepared by:	Date:
Approved by:	Date:
H&S Rep/Committee Reviewed:	Date:
Next Review Date < 5 yrs:	