

JOB SAFETY ANALYSIS WORKSHEET

<u>Department:</u>	<u>Job Analyzed:</u>	<u>Date Completed:</u>
	<u>Task Completed By:</u>	<u>Supervisor:</u>
<u>Location:</u>	<u>Analysis By:</u>	<u>Reviewed By:</u>
	<u>Approved By:</u>	
<u>Required Personal Protective and Emergency Equipment</u>		

SEQUENCE OF JOB STEPS	POTENTIAL HAZARDS	CONTROLS/ PREVENTION MEASURES

**JOB SAFETY ANALYSIS
Worksheet**

Location of Job or Task:

Employee performing Job or Task:

1. Job or Task title:

2. Training required to complete job/task:

3. Detailed description of job as currently completed

4. Types of tools, equipment, vehicles, materials or machines used in job:

5. Amount of job/task spent: Standing - Walking – Sitting

6. Job /task is Inside buildings; Outside(exposed to weather)

7. While performing the job, the employee is required to:

Description	Yes	No	How often:	How long per day:
Twisting				
Stoop or bend				
Squat				
Kneel				
Crawl				
Climb Ladders				
Climb Stairs				
Walk on uneven ground				
Grasp, or feel				
Work above ground				
Operate vehicle/equipment				
Other				

8. The heaviest weight lifted while sitting or standing in one place weighs:

Object lifted: _____ **Average times lifted daily:** _____

Size of object: _____

The object is lifted from: _____ **to:** _____

9. The heaviest weight lifted while walking weighs: _____ pounds

Object lifted: _____ **Average times lifted daily:** _____

Size of object: _____

The object is lifted from: _____ **to:** _____

10. The heaviest weight pushed/pulled weighs: _____ pounds.

Object: _____ **Average times pushed or pulled daily:** _____

Distance pushed or pulled: _____

11. Visual and Hearing Requirements:

Talking: Ordinary Conversation: _____ **Above Noise:** _____

Hearing: Ordinary Conversation: _____ **Above Noise :** _____

Vision: Near: _____ **Far:** _____

Depth Perception: _____

Color: _____ **Field of Vision:** _____

12. Physical Activity Required:

Activity	Never	Frequency per hour	Under one hour	Hours performed daily			
				1-2	3-4	5-6	7-8
<i>Lifting</i> <10 lbs 10-25 lbs 25-50 lbs 50<lbs							
<i>Carrying:</i> Under 10 lbs 10-25 lbs 25-50 lbs 50<lbs							
<i>Reaching:</i> Above Shoulder At Shoulder Below Shoulder							

13. Job/ Task Environment: Check those applicable and make comments

?	Description	Comments
	Chemicals	
	Heat/Cold	
	Confined Space	
	Contact with Public/Customers	
	Water, Dampness	
	Dust	
	Electrical Hazards	
	Emotional Demands	
	Explosives	
	Fumes	
	Chemical Vapors/Mist	
	Lighting critical to task	
	Machine paced work	
	Odors	
	Noise – estimated decibel:	
	Vibration	
	Skin irritation	
	Radiation – Type:	
	Sun	
	Work at heights	
	Working alone	
	Other:	

14. Protective equipment worn:

15. Additional Summary Comments:

Date: _____ **Completed By:** _____ **Title:** _____