|  |  |
| --- | --- |
| **Unit:**  | **Date:**  |
| **Job task to which this Job Safety Analysis applies:**  |
| **Responsible employer:**  |
| **Time of performance of the work:**  |
| **Persons involved in performance of the work:**  |
| **Description of the work:**  |
| **Training required:**  |
| **PPE and other protective equipment to be used:**  |

# Analysis: (List the sub-tasks and assess hazards, e.g. heavy lifting, repetitive movements, electric shock, eye injury, cuts, falls, crush injuries, allergies, noise. List preventive measures that have been or must be implemented. Preventive measures must be completed before the start of work).

| **Sub-tasks** | **Hazards** | **Preventive measures** | **Deadline** | **Status** |
| --- | --- | --- | --- | --- |
|  |  |  | Date |  |
|  |  |  | Date |  |
|  |  |  | Date |  |
|  |  |  | Date |  |

## Participants in the analysis and signatures

|  |  |  |
| --- | --- | --- |
| **Role** | **Name** | **Date/signature** |
| Manager |  |  |
| Safety delegate |  |  |
| Other participants |  |  |
|  |  |  |

## The Job Safety Analysis has been read (signatures of employees who will perform or be affected by the work)

|  |  |
| --- | --- |
| **Date/signature** | **Date/signature** |
|  |  |
|  |  |
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