

# JSA/WORK PLAN

Job Safety Analysis Worksheet	Date:
Title of Job/Operation:	Log Number:
Employee Name and Job Title:	Analyst/ Date:
Division/Bureau/Section:	Approved By/ Date:

Personal Protective Equipment Recommended or Required:

Sequence of Basic Job Steps	Potential Accidents or Hazards	Recommended Safe Job Procedures

**\*\*Codes for Potential Hazards**

Struck By (SB)	Caught On (CO)	Fall To Below (FB)
Contacted By (CB)	Caught Between (CBT)	Exposure (E)
Struck Against (SA)	Caught In (CI)	Overexertion (OV)
Contact With (CW)	Fall- Same Level (FS)	