





SMU

FORM

# JOB SAFETY ANALYSIS

Owner: Risk Management

Revision No: 01

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Everyone understand the job hazards associated with the work?

Yes  No

Are all applicable permits in place (hot work, confined space, lockout/tagout)?

Yes  No  NA

Are all workers trained in the specific job tasks?

Yes  No

Does everyone understand the job's emergency response plan?

Yes  No

**JSA Participants by signing below you are indicating that you have participated in the Job Safety Analysis.**

# of Participants	Printed Name	Signed Name
1		
2		
3		
4		
5		
6		
7		
8		



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Please contact ORM EHS for any required changes to this Program.

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