

Subaru Telescope Job Safety Analysis Form

JOB/TASK NAME:		PAGE ____ OF ____	DATE:	<input type="checkbox"/> NEW <input type="checkbox"/> REVISED
EMPLOYEE(S)/POSITION(S) PERFORMING THE JOB:		ANALYSIS BY:	REVIEWED BY (SUPERVISOR(S)/DIVISION CHIEF(S)):	
COMPANY NAME:	LOCATION:	DIVISION(S)/UNIT(S)/GROUPS(S):	APPROVED BY (SITE MANAGER/MANAGER ON PLACE/WORK/EQUIPMENT):	
PERSONAL PROTECTIVE EQUIPMENT:		SHIFT (if applicable):	APPROVED BY (SAFETY OFFICER):	
JOB STEPS		POTENTIAL HAZARDS	ACTION/PROCEDURE TO CONTROL OR ELIMINATE	
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