

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
1			
2			
3			
4			
5			
6			

Subaru Telescope Job Safety Analysis Form—Instructions

This side of the form provides instructions on how to fill out the form. A short description of the information to be provided is described in each section of the form. Read these descriptions to determine the type of information to provide.

In addition, at the bottom of the form are suggested additional uses for the information provided in each column. One of the greatest benefits of JSA is the ability to coordinate the information with other requirements. This section identifies how some of this information might be used.

JOB/TASK NAME: <i>fill in the name of the job or task being analyzed</i>		PAGE _____ OF _____ <i>indicate what page of the JSA form this is</i>	DATE: <i>fill in date here</i>	<input type="checkbox"/> NEW <input type="checkbox"/> REVISED
EMPLOYEE(S)/POSITION(S) PERFORMING THE JOB: <i>fill in applicable name(s)/position(s) performing the job</i>		ANALYSIS BY: <i>indicate name of person/group performing the JSA</i>	REVIEWED BY (SUPERVISOR(S)/DIVISION CHIEF(S)): <i>put names of the supervisor, supervisors, Division Chief or Division Chiefs of this job</i>	
COMPANY NAME: <i>fill in name of the company</i>	LOCATION: <i>indicate location</i>	DIVISION(S)/UNIT(S)/GROUPS(S): <i>indicate name of department(s) in which job is performed</i>	APPROVED BY (SITE MANAGER/MANAGER ON PLACE/WORK/EQUIPMENT): <i>indicate name of site manager or manager on place/work/equipment who approves JSA</i>	
PERSONAL PROTECTIVE EQUIPMENT: <i>indicate PPE required to be used when performing this job</i>		SHIFT (if applicable): <i>fill in the shift the job is performed on, if applicable</i>	APPROVED BY (SAFETY OFFICER): <i>indicate name of safety officer who approves JSA</i>	
JOB STEPS		POTENTIAL HAZARDS	ACTION/PROCEDURE TO CONTROL OR ELIMINATE	
1	<i>fill in the job step</i>	<i>fill in potential hazards associated with this step</i>	<i>fill in any actions or procedures that can be used to control or eliminate this hazard</i>	
2	"	"	"	
3				
4				
5				
6				
7				
8				
OTHER USES FOR THIS INFORMATION				
JOB STEPS		POTENTIAL HAZARDS	ACTION/PROCEDURE TO CONTROL OR ELIMINATE	
<i>Job steps may be used when creating written job descriptions as well as essential job functions under ADA.</i>		<i>Potential hazards may be used when conducting Hazard Assessments for PPE or ergonomic job analysis.</i>	<i>Use this information to revise job procedure and/or training documentation.</i>	