

Job Hazard Analysis Form

JOB TITLE

EMPLOYEE

Employee Last Name	Employee First Name Comments/Notes	Supervisor Last Name	Supervisor First Name
Department			
Location			

REQUIRED PPE

Safety Glasses	Safety Goggles	Face Shield	Gloves, specify:
Lab Coat	Respiratory Protection, specify	Close-toed shoes	Steel-toed boots
UV Protection	Gown/scrubs	Hearing protection	Hard Hat
Other:			

ENGINEERING CONTROLS

Fume Hood	Snorkel Hood	Filter Hood Biological Safety Cabinet
Other:		

ADMINISTRATIVE CONTROLS

TASK

JOB PROCESS DESCRIPTION (STEPS TAKEN)	POTENTIAL HAZARD	RECOMMENDED ACTION