

Job Hazard Analysis Form

JOB TITLE

EMPLOYEE

Employee Last Name	Employee First Name Comments/Notes	Supervisor Last Name	Supervisor First Name
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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
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Environmental Health & Safety | Charles River Campus: 353-4094 | Medical Campus: 638-8830 | Web: <http://www.bu.edu/EHS>