

# JOB SAFETY ANALYSIS

Job/Activity Name:		Date:
		JSA#:
Department/Group Name:	Area/ Location(s):	Other Information:

### Required Personal Protective Equipment For Entire Job

<input type="checkbox"/> safety glasses	<input type="checkbox"/> safety shoes	<input type="checkbox"/> chemical resistant gloves	<input type="checkbox"/> other _____
<input type="checkbox"/> chemical goggles	<input type="checkbox"/> hard hat	<input type="checkbox"/> welding gloves	<input type="checkbox"/> other _____
<input type="checkbox"/> face shield	<input type="checkbox"/> harness lanyard	<input type="checkbox"/> leather gloves	<input type="checkbox"/> other _____
<input type="checkbox"/> welding goggles	<input type="checkbox"/> hearing protection		<input type="checkbox"/> other _____

[illegible]