**JSA FORM**

**JSA WORKSHEET (FORM JSA-1-00)**

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| **STATE OF LOUISIANA**  **JOB SAFETY ANALYSIS**  **TRAINING GUIDE** | JOB: | | DATE: | |
| TITLE OF PERSON WHO DOES JOB: | | SUPERVISOR: | ANALYSIS BY: |
| DEPARTMENT: | LOCATION: | | | REVIEWED BY: |
| REQUIRED AND/OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT: | | | | APPROVED BY: |
| **SEQUENCE OF BASIC JOB STEPS** | | **POTENTIAL ACCIDENTS OR HAZARDS** | | **RECOMMENDED-SAFE-JOB-PROCEDURES.** |
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JSA 1-00 STATE OF LOUISIANA