**JSA FORM**

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

|  |  |  |
| --- | --- | --- |
| **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.** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

JSA 1-00 STATE OF LOUISIANA