

Glenn County  
Job Safety Analysis Form

Job/Procedure: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Location: \_\_\_\_\_ Analysis By: \_\_\_\_\_

Required and/or Recommended Personal Protective Equipment:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Basic Job Sequence/Steps	Potential Hazards	Recommended Action or Procedure

Reviewed By: \_\_\_\_\_ Approved By: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_