|  |  |  |  |
| --- | --- | --- | --- |
| JSA Title |  |  |  |
| Position Title: |  | JSA Covers: | \_\_\_\_ Entire Job \_\_\_\_ Partial Job |
| Position #: |  | New or Revised: | \_\_\_\_ New \_\_\_\_ Revised |
| Employee Name: |  | Analysis Completed by: |  |
| Department: |  | Date Analysis Completed: |  |
| Step or Task | Hazards | Control Measures | PPE / Training Required |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*(Add rows as necessary by tabbing in last field on the right)*

My signature indicates I have reviewed the steps, hazards, controls, PPE, and training requirements above with my supervisor, and I understand the control measures used to protect myself. I understand I have the authority and responsibility to stop work I believe to be unsafe and report it to my supervisor immediately.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Printed Name Employee’s Signature Date Signed

My signature indicates I have reviewed the steps, hazards and controls, PPE, and training requirements described in this JSA with the employee listed above, and I authorize the employee to perform the work. Furthermore, the employee is qualified (i.e. licensed or certified, as appropriate, and in compliance with USF training requirements) to perform this activity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Printed Name Supervisor’s Signature Date Signed