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| **Job Safety Analysis** | | | | | |
|
| **Job Title** |  | | | | |
| **JSA Number** |  | | | | |
| **Equipment** |  | | | | |
| **Department** |  | | | | |
| **Date** |  | | | | |
|  |  |  |  |  |  |
| **Analysis By** |  | | | | |
| **Supervisor** |  | | | | |
| **Approved By** |  | | | | |
|  |  |  |  |  |  |
| **Job Steps** | | **Potential Hazards** | | **Recommended Procedures** | |
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| **Trainer's Name** | |  | | | |
| **Training Date** | |  | | | |
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| **Comments** | | | | | |
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| **Signature** | |  | | | |