

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: _____