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| --- | --- | --- | --- | --- | --- |
| Department: | Date: | | Location: | | Job Title: |
| Job Performed by: | | Analysis by: | | Page of |
| Supervisor: | | Approved by: | |  |
| **Work Process**  **What are we doing today?** | | **Potential for Hazards/Injury Sources**  **How can we get hurt?**  **How can we get hurt?** | | **Safe Action of Procedure (PPE)**  **What can we do to prevent injury or illness?** | |
|  | |  | |  | |

Hazard Selection for the middle column: SB= Struck By, SA = Struck Against, CBY = Contacted By, CI = Caught in, CB = Caught Between, CO = Caught On, FB = Fall to Below, EH=Electrical Hazard, C=Cuts, CW = Contacted With, O = Overexertion or Repetitive Motion, BR = Bodily reaction E = Exposure to Chemical, Noise etc.