

MADISON COUNTY JOB SAFETY ANALYSIS

DEPARTMENT:	DATE	<input type="checkbox"/> NEW <input type="checkbox"/> REVISED	PAGE 1 OF
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WORK ACTIVITY (Description):

DEVELOPMENT TEAM	POSITION/TITLE	REVIEWED BY:	POSITION/TITLE

MINIMUM REQUIRED PERSONAL PROTECTIVE EQUIPMENT

<input type="checkbox"/> REFLECTIVE VEST	<input type="checkbox"/> GOGGLES	<input type="checkbox"/> GLOVES	<input type="checkbox"/>
<input type="checkbox"/> HARD HAT	<input type="checkbox"/> FACE SHIELD	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LIFELINE/HARNESS	<input type="checkbox"/> HEARING PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SAFETY GLASSES	<input type="checkbox"/> AIR PURIFYING RESPIRATOR	<input type="checkbox"/>	<input type="checkbox"/>

JOB STEPS	POTENTIAL HAZARDS	CRITICAL ACTIONS TO MITIGATE HAZARDS
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		