admin
THE SOUTH CAROLINA
DEPARTMENT of ADMINISTRATION

SAFETY PROGRAM:

Job Safety Analysis Worksheet

Title of Job/Operation _____ Date _____ No. _____

Position/Title(s) of Person(s) Who Do Job _____

Name of Employee Observed _____

Analysis Made By _____ Department _____

Section _____ Analysis Approved by _____

Sequence of Basic Job Steps	Potential Accidents or Hazards	Recommended Safe Job Procedures

Struck By (SB)
Struck Against (SA
Contacted By (CB)
Contact With (CW)

Caught On (CO)
Caught In (CI)
Caught Between (CBT)
Fall to Same Level (FS)

Fall to Below (FB)
Overexertion (OE)
Exposure (E)