AMPCO
CONTRACTING, INC.

Document:	JOB SAFETY ANALYSIS {JSA}		
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PROJECT #:		**JSA ANALYSIS BY:**		**DATE**	
PROJECT NAME / LOCATION:		**REVIEW BY:**		**DATE**	
DATE:		**APPROVED BY:**		**DATE**	

SPECIFIC LOCATION:		**SPECIFIC TYPE OF JOB:**	
JOB SUPERVISOR:			

SEQUENCE OF JOB STEPS	POTENTIAL HAZARDS	HAZARD CONTROL MEASURES	PROCEDURES / COMMENTS

PERMITS:	
HOT WORKS [ ] YES [ ] NO	CONFINED SPACE [ ] YES [ ] NO

REQUIRED PPE:

FALL PROTECTION:	FOOT PROTECTION:	HEAD PROTECTION:	SKIN PROTECTION:	RESPIRATORY PROTECTION:
[ ] HARNESS	[ ] STEEL TOE BOOTS	[ ] SAFETY GLASSES	[ ] NITRILE / LATEX GLOVES	[ ] N95 DUST MASK
[ ] LIFE LINE	[ ] RUBBER BOOTS	[ ] GOGGLES	[ ] WORK GLOVES	[ ] AIR PURIFYING RESPIRATOR
[ ] TRIPOD	[ ] CHEMICAL RESISTANT	[ ] FACE SHIELD	[ ] BLACK NIGHTS	[ ] P100 CARTRIDGE
	[ ] BOOTIES	[ ] WELDERS MASK	[ ] TYVEK	[ ] P100 / OV
		[ ] HEARING PROTECTION	[ ] TYCHEM	[ ] AIR LINE
			[ ] SARANEX	[ ] SCBA
			[ ] SPLASH SUIT	
			[ ] HOOD	

By signing below, I hereby certify that I have been informed of the Hazards associated with the task assigned to me, and that I will dutifully follow the safe practices and procedures associated with the task I am to perform.

NAME	SIGNATURE	DATE	COMPANY