



Job Title:	Page: 1	JHA No.	Date:	<input type="checkbox"/> New <input type="checkbox"/> Revised
Equipment:	Supervisor:		Analysis by:	
Department:	Approved by:			
Required Personal Protective Equipment (PPE)				
JOB STEPS	POTENTIAL HAZARDS		RECOMMENDED SAFE JOB PROCEDURES	
Trainee's Name:			Training Date:	
Trainer's Name:			Trainer's Signature:	
Four-Step Instruction Completed?	Prepare the WorkerTrainer's Initials _____ Present the Operation.....Trainer's Initials _____ Try Out Performance.....Trainer's Initials _____ Follow Up.....Trainer's Initials _____			
Comments:				