North Carolina Department of Agriculture & Consumer Services **JOB SAFETY ANALYSIS**	Job Title: _____ Person Who Does Job: Supervisor:	Page _____ of _____JSA No. _____ _____ Date:
Organization:	Location: Department:	Analysis By:

Required And/Or Recommended Personal Protective Equipment:	Safety Glasses ____ Hard Hat _____ Respirator _____ Other _____ Safety Shoes _____ Gloves _____ Coveralls or Apron _____	Approved By:

SEQUENCE OF BASIC JOB STEPS	POTENTIAL HAZARDS	RECOMMENDED ACTION OR PROCEDURE