

Employee Job Safety Analysis Form

Employee Information

- Full Name: _____
- Job Title: _____
- Department: _____
- Supervisor: _____

Task Analysis Table

Task	Potential Hazard	Preventive Measure	Equipment Needed

Emergency Preparedness

- Emergency Contact Information: _____
- First Aid/Medical Kit Location: _____
- Nearest Emergency Exit: _____

Approval Section

I confirm that I have reviewed and understood the safety measures for this job.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____