

REPRODUCTIVE HAZARDS IN THE WORKPLACE

Job Hazard Analysis

This form should be completed by the employer for each job at the facility and should be shared with employees and temporary staffing agency representatives.

Work Site:		Department:	
Activity or Process:		Building/Room:	
Attached Safety Data Sheets: Yes / No		Location of Safety Data Sheets:	
Job Title:		Supervisor:	
Prepared By:		Date:	
TASKS/STEPS	HAZARDS CONSEQUENCES	CONTROLS (SAFEGUARDS)	PHOTO
1			
2			
3			
4			

REQUIRED TRAINING		REQUIRED PPE
<i>I have read and understand the contents of the job hazard analysis and the controls required to mitigate the risks from the identified hazards.</i>		
Name	Date	



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