

## Job Hazard Analysis Form

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Distance of tools / consistence out	Project Name:		
Picture of task/equipment:	Task(s):		
	Name of		
	Shop or Dept.:		
	Job Title(s):		
	Analyzed by:		
	Date:		
Required PPE:			
Hard Hat	Hi Viz Vest	Other-	
Dust Mask	Respirator		
Safety Glasses	Gloves		
Face Shield	Fall Protection		
Goggles	Safety Toed/Work Boot	S	
Required/Recommended Trainings:			
Videos/Reference Materials:			
TASK	HAZARDS		CONTROLS

TASK	HAZARDS	CONTROLS

## Sign in Sheet

Project Name:			
Date: Employee Name (Print)	Employee Signature	LU ID#	Department