CAC & Fort Leavenworth **JOB SAFETY ANALYSIS**				JOB TITLE/SERIES:	ANALYSIS BY:
PAGE OF	JSA NO	NEW		TITLE OF PERSON PERFORMING JOB:	REVIEWED BY:
DATE:		REVISED		SUPERVISOR:	
DIRECTORATE:				ACTIVITY/LOCATION:	APPROVED BY:
REQUIRED AND/OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:					

SEQUENCE OF BASIC JOB STEPS	POTENTIAL HAZARDS	RECOMMENDED ACTION OR PROCEDURE

CAC & Fort Leavenworth **JOB SAFETY ANALYSIS**		**JOB TITLE/SERIES:**
PAGE OF	**DATE:**	**TITLE OF PERSON PERFORMING JOB:**

SEQUENCE OF BASIC JOB STEPS	POTENTIAL HAZARDS	RECOMMENDED ACTION OR PROCEDURE

CAC & Fort Leavenworth **JOB SAFETY ANALYSIS**		**JOB TITLE/SERIES:**
PAGE OF	**DATE:**	**TITLE OF PERSON PERFORMING JOB:**

SEQUENCE OF BASIC JOB STEPS	POTENTIAL HAZARDS	RECOMMENDED ACTION OR PROCEDURE