

Instructions and Guidelines for Completing the Job Safety Review Worksheet

Step 1 - Fill in the blanks as follows:

Position/Occupation : (Name, title, classification, etc.)

Department/Shift: (If necessary)

Job/Task/Operation: (If a specific job, task or operation is being evaluated)

Location: (Building, # Store #, etc.)

Prepared By: (Name of person(s))

Date: (Date finished)

Step 2 - Check off the different methods that will be used to gather the information.

Observation: *(watching the person(s) do the job)*

Discussion: *(talking about the job with the person(s) who do it or with others who know about the job)*

Own Knowledge: *(using one's own knowledge about the job)*

Accident History: *(using a review of the accidents associated with the job)*

Step 3 - Fill in the **Description of Job/Task/Operation** column by describing the major steps it takes to get the job done or all the key things that have to get done as part of the job.

- Try not to be too fine or too broad
- If necessary, break up the duties or tasks required of a position and do a separate analysis of each one

Step 4 - Fill in the **Potential Safety Hazards** column by describing how one could get hurt doing the required steps or what could go wrong and hurt someone at each step.

Here are some questions to ask when looking for potential safety hazards and things to consider:

Can The Person Strike Against Anything?

- Stationary Or Moving Objects
- Protruding Objects
- Sharp Or Jagged Edges

Can The Person Be Struck By Anything?

- Moving, Thrown, Ejected Or Flying Objects
- Falling Materials
- Automatic Machinery

Can The Person Slip, Trip, Or Fall?

- To The Same Level
- To A Lower Level



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Can The Person Come In Contact With Or Be Exposed To Any Energy Source, Hazardous Material Or Hazardous Environment?

- Electricity/Lighting
- Chemicals/Gases/Fumes/Vapors/Particulates
- Heat/Cold/Weather
- Radiation/Lasers
- Water/Steam
- Poor Air (Insufficient Oxygen)
- Noise

Can The Person Over-exert, Strain Or Sprain Themselves Doing The Job?

- Lifting
- Pulling
- Pushing
- Excessive Force/Effort
- Frequent And/Or Repetitive Motions
- Awkward Or Stationary Positions
- Awkward Movements
- Production Pressure/Piecework

Can The Person Be Caught In, On Or Between Anything?

- Pinch Points
- Protruding Objects
- Stationary Or Moving Objects
- Automatic Machinery

Step 5 - Fill in the **Safety Guidelines** column by describing and/or recommending specific precautions in detail for each step: list safe work practices, safety equipment required, do's and don'ts etc.

- Try to keep instructions brief and to the point,
- Refer to other, more detailed procedures or rules if necessary, i.e. Forklift Operating Rules, Hazard Communication Program, Operator's Manual, etc.

Some Examples:

Description of Job/Task/Operation	Potential Safety Hazards	Safety Guidelines
Clean Machine	Getting Hands Caught Or Struck By Moving/Revolving Equipment	Power Must Be Turned Off And Locked-Out Following Lockout Procedures
Handle Finished Parts	Heavy, Oily Parts That Slip Out Of Hands And Fall On Feet	Wear Steel-Toed Safety Shoes At All Times
Operate Machinery	Getting Hands Caught Or Struck By Moving Or Revolving Equipment Or Flying Metal Chips	Keep Safety Guards In Place At All Times
	Spilling Of Water And Grease On Floor	Clean Up Spills As They Occur
Storing Boxes	Falling Of Boxes On Workers Due To Over-stacking	Boxes Can Be Stacked Only 4 High On A Pallet And Only 3 Pallets High



