City of Truth or Consequences, NM

# JOB HAZARD ANALYSIS FORM

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|---|---|---|---|
| **Department:** | **Date:** | **Reviewed by:** | **Page ___ of ____** |
| **Task:** | | **Department Director:** | |
| **Required/Recommended PPE:** | | | |

| # | TASK/JOB SEQUENCE | POTENTIAL HAZARDS | RECOMMENDED ACTION, PROCEDURE, TRAINING, PERMITS & EQUIPMENT |
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| | **Safety Representative Signature:** | | |

*Task/Job Sequence: Identify principal steps and sequence of work activities.*

*Potential Hazards: Analyze each step to identify hazards that potentially impact the the worker.*

*Recommendations: Determine specific controls for each hazard to include the action and procedures along with any permits required, training and personal protective equipment (PPE) needed by employees.*