

**Kansas Vocational Rehabilitation Services
JOB SAFETY ANALYSIS**

Business Name:		Page:	of
Job Title:		Analyzed by:	
Supervisor:		Date:	
Required PPE:		Reviewed by:	
		Date:	
Required Physical Safeguards:		Approved by:	
		Date:	
Required Operational Changes:		Approved by:	
		Date:	
Sequence of Job Steps	Potential Hazards	Safe Job Procedure	

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