

# MCAS Miramar – Job Hazard Analysis



**Job / Task:** \_\_\_\_\_

Date	Work Center (Division or branch, etc.)	Building #
Title of Employee Performing Task	Required Personal Protective Equipment to Perform the Task	Required Training to Perform the Task
Completed By <i>(Name)</i> <i>Phone #</i>	Reviewed By Safety Rep <i>(Name &amp; Title)</i> <i>Phone #</i>	No. Of Employees Involved
<b>Sequence of Basic Task Steps</b>	<b>Potential Hazard or Accident</b>	<b>Recommended Action to Prevent Accident or Eliminate Hazard</b>

Copy To: Work Center, Unit Safety Officer, Station Safety Office

For assistance, contact MCAS Miramar Station Safety 858-577-1359