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| **GBI Insulation: Job Hazard Analysis** |
| Person Completing Form:       | Job Location: (Plant and Area)       |
| Date:       Time:       | Revised Date:       Time:      Upon change of scope or hazards. |
| Brief Description of work being performed:       |
| List all required PPE for the above job description:       |
| **All PPE addressed above must be referenced in Job Steps/Hazards Below** |
| **Job Steps** | **Potential Hazards** | **Control Taken** |
|       |       |       |
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| I understand & will adhere to the steps, hazards & controls as described in this JHA. I understand that performing steps out of sequence may pose hazards that have not been evaluated, nor authorized. I will contact my supervisor prior to continuing work, if the scope of work changes or new hazards are introduced. I understand I have the authority and responsibility to stop work I believe to be unsafe. |
| Workers Name | Signature |
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|       |       |
| I have reviewed the steps, hazards & controls described in this JSA with all workers listed above and authorize them to perform the work. Workers are qualified (i.e. licensed or certified, as appropriate, & in full compliance with GBI training requirements) to perform this activity. |
| Supervisor:       | Signature:       |

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| **GBI Insulation: Daily Field Safety Meeting** |
| Date:       Time:       | Job Location:       |
| Person Conducting Meeting:       |  |
| Safety Topic Being Discussed:       |

**Attendance:**