



# Job Safety Analysis Form

<b>Picture of task/equipment:</b>	<b>Task:</b>	<b>OPERATING AN AIRLESS PAINT SPRAYER</b>
	<b>Name of Shop or Dept:</b>	
	<b>Job Title(s):</b>	
	<b>Analyzed by:</b>	
	<b>Date:</b>	
<b>Required PPE:</b>		
<ol style="list-style-type: none"> <li>Gloves Rubber/Latex</li> <li>Goggles</li> <li>Respirator</li> </ol>		
<b>Required/Recommended Trainings:</b>		
<ol style="list-style-type: none"> <li>User Must Read Owners manual</li> <li>User Must Train with Supervisor</li> </ol>		
<b>TASK</b>	<b>HAZARDS</b>	<b>CONTROLS</b>
<ol style="list-style-type: none"> <li>Inspect Tool before use</li> <li>Must only be operated with solid footing</li> <li>Must be grounded at all times</li> </ol>	<ol style="list-style-type: none"> <li>Eye Injury From Particles</li> <li>Eye Injury From Paint</li> <li>Eye Injury From Plaster</li> <li>Eye Injury From Spray</li> <li>Paint Injected into Body/Skin</li> <li>Respiratory irritation from Inhalation of paint</li> <li>Respiratory irritation from Inhalation of Particles</li> </ol>	<ol style="list-style-type: none"> <li>Equipment to be Inspected after each use.</li> </ol>