## JHA Form for Welding and Cutting Operations

Job / Task:			
Location:			
Date:			
Supervisor	/ Person in Charge	9:	
Team Mem	ibers:		
Description	n of Work:		
Step	Hazard	Control Measures	Responsible Person
PPE Requi	red:		
Special Pe	rmits Required:		
Special Fe	milio Nequilea.		
Emergency	Procedures:		

Additional Notes: