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| **JSA DETAILS** |  |  |
| Date:  | Work Order | [ ]  New JSA [ ]  Revised | JSA No: |
| Team Members: (Print Names) |  |
|  |  |
| Description of Job: |  |
| Supervisor/Team Leader:  |  |
| Department/Site & Location: |  |

Use the information below when measuring the risk associated with hazards identified during the inspection. Where relevant, transfer the measurement to the column “Initial Risk/Impact Rating” at Part 3.

**RISK ASSESSMENT MATRIX**

|  |  |  |
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|  | **Consequences** (1 – 5) ( How Bad ) |  |
| **Insignificant** | **Minor** | **Moderate** | **Major** | **Catastrophic** |
| **e.g. First Aid Treatment** | **e.g. Medical Treatment** | **e.g. Lost Time Injury** | **e.g. Fatality or severe permanent disability** | **e.g. Multiple fatalities/ disabling illness to multiple people** |
| **Likelihood** **(A-E)** How Often | **5** | **4** | **3** | **2** | **1** |
| **A - Almost** **certain** | **Medium (15)** | **High (10)** | **High (6)** | **Extreme (3)** | **Extreme (1)** |
| **B - Likely** | **Medium (19)** | **Medium (14)** | **High (9)** | **Extreme (5)** | **Extreme (2)** |
| **C -Possible** | **Low (22)** | **Medium (18)** | **Medium (13)** | **High (8)** | **Extreme (4)** |
| **D - Unlikely** | **Low (24)** | **Low (21)** | **Medium (17)** | **Medium (12)** | **High (7)** |
| **E - Rare** | **Low (25)** | **Low (23)** | **Low (20)** | **Medium (16)** | **Medium (11)** |

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| **HIERARCHY OF CONTROLS (HOC)** |
| - Eliminate the hazard. (1) |
| - Substitute the hazard with a control that gives rise to a lesser risk. (2) |
| - Isolating the Hazard from the person put at risk. (3) |
| - Engineering control – minimise the risk by engineering means. (4) |
| - Administrative Means – minimise the risk by adopting safe work practices or providing appropriate training, instruction or  information. (5) |
| - Personal Protective Equipment (PPE) (6) |

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| **RISK RATING KEY** |  |
| Low | Tolerable. Employee to monitor, manage and carry out activity in accordance with identified controls in SOP |
| Medium | Implement control measures to reduce hazard. Team Leader/Leading Hands or in their absence, the Supervisor, must determine appropriate level of control. If outside the controls of the SOP, JSA must be completed (all tasks must be M or L) or appropriate competent person present. |
| High | Activity must not commence without JSA completed by Manager. Identified high risk tasks only completed with Supervisor (if competent in task) or appropriate competent person present. |
| Extreme | Do not proceed. STOP. Unless risk cannot be reduced, it is not safe to do. |

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| JOB SAFETY ANALYSIS (PART 2)THE FOLLOWING CHECKLIST CAN BE USED TO ASSIST IN IDENTIFYING HAZARDS, RISKS AND REQUIRED CONTROLS, INCONJUCTION WITH ANALYSIS OF THE PROCESS AND STEPS |
| 1. **Permits/Isolation Procedures:**
 | 1. **Hazardous Materials/Substances (List all used):**
 |
| **Confined space** | [ ]  | Type : | Responsibility: |  | Material/Substance name | SDS available? |
| **Hot work** | [ ]  | Type : | Responsibility: |  |  | [ ]  |
| **Gas/ Electrical isolation** | [ ]  | Type : | Responsibility: |  |  | [ ]  |
| **LockOut/TagOut (LOTO)** | [ ]  | Type : | Responsibility: |  |  | [ ]  |
| **Working at Heights** | [ ]  | Type : | Responsibility: |  |  | [ ]  |
|  |  |  |  |
| 1. **PPE Requirements**
 | 1. **Emergency Planning**
 | 1. **Safety Hazards Identified:**
 |
| Hard Hat | [ ]  | Evacuation route planned  | [ ]  | Hazardous Atmosphere | [ ]  | Asbestos | [ ]  |
| Safety Glasses | [ ]  | Assembly point designated  | [ ]  | Remote/Isolated Work | [ ]  | Slippery Surface | [ ]  |
| Face Shield | [ ]  | Emergency phone numbers posted | [ ]  | Excessive Noise | [ ]  | Explosion | [ ]  |
| Chemical Goggles | [ ]  | Emergency contacts persons assigned | [ ]  | Manual Handling | [ ]  | Fire | [ ]  |
| Coveralls | [ ]  | Fire Fighting Equipment available | [ ]  | Confined Space | [ ]  | Hot/Cold Temperature | [ ]  |
| Hearing Protection  | [ ]  | Spill Response Equipment available | [ ]  | Fall from a Height | [ ]  | Inclement Weather | [ ]  |
| Safety Footwear | [ ]  |  |  | Falling Objects | [ ]  | Poor Housekeeping | [ ]  |
| Gloves | [ ]  |  |  | Electrical | [ ]  | Poor Visibility | [ ]  |
| Respiratory Protection | [ ]  |  |  | Moving Vehicles | [ ]  | Vibration | [ ]  |
| Safety Harness | [ ]  |  |  | Moving Equipment | [ ]  | Radiation | [ ]  |
| High Viz Clothing | [ ]  |  |  | Pressure Equipment | [ ]  | Lifting Equipment | [ ]  |
|  |  |  |  | Scaffolding | [ ]  | Overhead Cranes | [ ]  |
|  |  |  |  | Excavation | [ ]  | Demolition | [ ]  |
|  |  |  |  | Lead | [ ]  |  |  |

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| **Job Safety Analysis (Part 3)** |
| **Process:**  |
| **Step in Activity** | **Hazard(s)** | **Initial Risk** | **Safety Controls** (Standard control measures and additional measures required) | **HOC Measure** (1, 2, 3, 4, 5, 6) | **Residual Risk** | **Verified by Person Responsible**(Name/Position/Initials/Date) |
| P | C | Score | P | C | Score |
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| **Job Safety Analysis (PART 4)** |
| **RELEVANT PROCEDURES/WORK INSTRUCTIONS/SOPS:** |
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| **Key Safety Plant/Equipment:** | **Safety Checks:** |
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| **External Considerations** |  |
| *Certificates/Approvals: Required?* YES/NO*If Yes, State Details:* | **REVIEWED & APPROVED BY MANAGER:****Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_****Review & Approval by Other Managers as relevant e.g. for multiple areas.****Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| *Codes of Practice/Legislation: Applicable to Work?* YES/NO*If Yes, State Details:* |
| **Other Comments:** |

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| **JSA SIGN OFF SHEET (Part 5)** |
| Description of Job:  | Date: |
| Department: | Section: | Supervisor/Team Leader: |
| In signing this sheet I am confirming that:* I have read and understand this JSEA.
* Throughout the task any improvements or changes to the JSEA will be recorded.
* The job steps will be followed and all controls implemented.
 |
| Name (Please Print) | Signature | Date |
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