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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: |  | |  | | |  | |
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| 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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