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| **Task/ Work:** |       | **Supervisor:** |       | **JSA #** |       |
| **Location:** |       | **Department:** |       | **Date:** |       |
| **Permits** (Attached) |
| Confined Space | [ ]  | Hot Work | [ ]  | Excavation/ Penetration | [ ]  |
| Roof Access | [ ]  | Asbestos | [ ]  | Heights above 2 meters | [ ]  |
| **Isolation of Energies** (Lockout/ Tagging) |
| Chemical | [ ]  | Electrical | [ ]  | Gravitational | [ ]  | Hydraulic  | [ ]  | Mechanical  | [ ]  |
| Pnuematic | [ ]  | Radiation | [ ]  | Thermal | [ ]  | Vibration | [ ]  | Other:  |       |
| **Services Impacted** (Preplanning) |
| Electrical | [ ]  | Data | [ ]  | Fire Detect | [ ]  | Gas | [ ]  | Phone | [ ]  | Water | [ ]  |
| Hydraulic | [ ]  | Pnuematic | [ ]  | Air supply | [ ]  | Security | [ ]  | CC TV | [ ]  | Drain | [ ]  |
| Air Con | [ ]  | Radiation | [ ]  | Emergency | [ ]  | Lighting | [ ]  | Sewer | [ ]  | Other:       |
| **Area Inductions**  | Specify:      |
| **Hazards** (Identify) | **Yes** | **No** |
| 1. **Atmosphere**
 | Weather extremes, high humidity, dust, dangerous gases, lack of oxygen | [ ]  | [ ]  |
| 1. **Biological**
 | Bacteria, viruses, plants, mould, birds animals | [ ]  | [ ]  |
| 1. **Chemical**
 | Acids, bases, heavy metals, solvents, poisons, particles, fumes, vapours  | [ ]  | [ ]  |
| 1. **Electrical**
 | Electrocution, faulty wiring, earthing points, static shock  | [ ]  | [ ]  |
| 1. **Environmental**
 | Poor lighting, loud noise, temperatures, poor ventilation | [ ]  | [ ]  |
| 1. **External**
 | Traffic, other workers, students, general public | [ ]  | [ ]  |
| 1. **Fire/ Explosions**
 | Open flames, combustible materials, electrical arching, chemical reactions | [ ]  | [ ]  |
| 1. **Gravitational**
 | Slips, trips, falls, falling objects | [ ]  | [ ]  |
| 1. **Manual Handling**
 | Position, level, lifting, pushing, pulling, twisting, arms above head, repetition | [ ]  | [ ]  |
| 1. **Mechanical**
 | Abrasion, entanglement, crushing, stabbing, impact, suction, protrusion | [ ]  | [ ]  |
| 1. **Pressure**
 | Air, water, gas, oil, vacuums | [ ]  | [ ]  |
| 1. **Phycho-social**
 | Stress, violence, bullying, harassment | [ ]  | [ ]  |
| 1. **Radiation**
 | Infra-red, lasers, X-ray, sealed source equipment/ units, UV, sunlight  | [ ]  | [ ]  |
| 1. **Thermal**
 | Cold/ Hot Surface, cold/ hot liquids, steam, friction | [ ]  | [ ]  |
| Have the above hazards been removed or appropriatley controlled? (refer to page 2) | [ ]  | [ ]  |
| Any associated SWMS has been updated for these hazards | [ ]  | [ ]  |
| Do I feel comfortable performing this work? (If you’re not, consider implementing more controls for the hazards. Refer pg 2) | [ ]  | [ ]  |
| **Additional Hazards** (identify if required and check to acknowledge) |
| **What if it?** |
| Breaks | [ ]  | Falls | [ ]  | Leaks | [ ]  | Spills | [ ]  |
| Doesn’t fit | [ ]  | Ignites | [ ]  | Shifts | [ ]  | Goes wrong | [ ]  |
| Explodes | [ ]  | Jams | [ ]  | Slips | [ ]  | Swings | [ ]  |
| Shatters | [ ]  | Leans against | [ ]  | Moves | [ ]  | Let’s go | [ ]  |
| **What if it’s?** |
| Energised | [ ]  | Poisonous | [ ]  | The wrong one | [ ]  | Not per plan | [ ]  |
| Hot | [ ]  | Pressurised | [ ]  | Too heavy | [ ]  | Faulty | [ ]  |
| Labelled incorrectly | [ ]  | Sharp | [ ]  | Too big/ small | [ ]  | Not labelled | [ ]  |
| **What if I’m?** |
| Caught in | [ ]  | Need help | [ ]  | Too slow | [ ]  | Busy | [ ]  |
| Confused | [ ]  | Struck | [ ]  | Uninformed | [ ]  | Unconscious | [ ]  |
| **What if I?** |
| Inhale | [ ]  | Make an error | [ ]  | Touch | [ ]  | Fall | [ ]  |
| Let go | [ ]  | Need help | [ ]  | Slip/ trip | [ ]  | Drop it | [ ]  |

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| **Controls** (This table helps you to identify how effectively you have controlled the work hazards identified on page 1. Place your Controls against the most appropriate Control Method description) |
| **Most Effective** | 1. **Elimination**
 | Completely remove a hazard. (e.g. Work at night to remove risk of heatstroke) | Specify:       |
| 1. **Substitution**
 | Swap a hazard for something less risky. (e.g. Swaping to a toluene free degreasing chemical) | Specify:       |
| 1. **Isolate/ Lock**
 | Separate the equipment/ hazard/ process from anyone who could be harmed. (e.g. Personal locks and tags, hard barricading etc) | Specify:       |
| 1. **Engineer**
 | Redesign the equipment/ hazard/ process to control the risk. (e.g. Installing noise dampening insulation around a noisy machine, installing scaffold to work at height etc) | Specify:       |
| **Least Effective** | 1. **Administration**
 | Influence how others interact with the hazard. (e.g. Soft barricading, signs, ‘Do Not Use’ tags, signon sheets etc.) | Specify:       |
| 1. **PPE**
 | Please select PPE to be used. |  |
| Air Line Respirator | [ ]  | Face Shield | [ ]  |
| Fall arrest lanyard | [ ]  | Fall prevention line | [ ]  |
| Goggles | [ ]  | Hard Hat | [ ]  |
| Chemical/ Tyvek suit | [ ]  | Gloves | [ ]  |
| Hearing protection- plugs | [ ]  | Hearing protection- muffs | [ ]  |
| Height Safety Harness | [ ]  | High Vis Clothing | [ ]  |
| Lifeline | [ ]  | P2 disposable dust mask | [ ]  |
| P2 Dust mask- half face | [ ]  | P3 Dust mask- full face | [ ]  |
| PAPR | [ ]  | SCBA | [ ]  |
| Safety Boots | [ ]  | Safety Glasses | [ ]  |
| Roofers Kit | [ ]  | Welding Mask | [ ]  |
| Gas Mask (cartridge type): |       |
| Other (specify):  |       |

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| **Work Supervisor Signoff** |
| **Checklist** (All boxes below are to be ticked and then this section signed by supervisor/ person performing work prior to any work commencing) |
| Work team properly licenced | [ ]  | Listed controls in place | [ ]  | Any SWMS matches JSA | [ ]  | You agree to abide by this JSA | [ ]  |
| Services plans attached to JSA | [ ]  | Inductions complete | [ ]  | Any SWMS is attached | [ ]  | All sections of JSA complete | [ ]  |
| Emergency / Rescue plan | [ ]  | First Aid facilities | [ ]  | Emergency access/ egress | [ ]  |  |  |
| All required PTW’s are attached & signed by PTW authorisers. | Yes | [ ]  |
| Worksite Supervisor(Person performing or supervising this work) | Name:       | Signature:  | Date:      |

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| **Process** |
| **Job/ Task/ Step***(What are we about to do)* | **Existing/ Potential Hazards** *(What can go wrong)* | **Controls***(What can we do to prevent it going wrong)* | **Responsible** | **Done** |
| *Move boxes* | *Manual handling injury as a result of lifting boxes* | *Use smaller box size, team lift, pallet jack* | *J Bloggs* | [x]  |
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| **JSA - Sign-on** (All workers to sign on every shift) |
| **Supervisor to update workers about the hazards/ controls of the job prior to every sign-on.** |
| **Date** | **Name** | **Signature** | **Name** | **Signature** |
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