|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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): | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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* |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |