



JOB SAFETY ANALYSIS WORKSHEET

WORK PERMIT No.
(if applicable)

WORK ORDER No.
(if applicable)



AREA / LOCATION:		In any emergency, dial '444' or 9411-8444
TASK:		
EMPLOYER:		EQUIPMENT #:

ACKNOWLEDGMENT OF ACCOUNTABLE PERSON I acknowledge as the Accountable Person for this task that I; <ul style="list-style-type: none"> • have inspected the work site with the Contractor and clarified the scope of work • have reviewed the JSA and give authority for the Contractor to undertake the task as per the JSA • will maintain overall responsibility for the Contractor on the task 	Name:	Signature:	Date:
ENDORSEMENT OF PERSON COMPLETING THE TASK (e.g. Permit Holder) This JSA controls the risks on the task and I will maintain all hazard controls required - Post work: Review the JSA / Procedure for any required changes and inform your RO or Supervisor	Name:	Signature:	Date:
ADDITIONAL ENDORSEMENT – CONFINED SPACE & ELECTRICAL Supervisor or Safety Advisor endorsement required for all Confined Space entry work; refer Note 1 on Certificate. Electrical Supervisor/Engineer endorsement is required for all medium or high risk live electrical work. This authorises works to be undertaken, as per the JSA and/or procedure	Name:	Signature:	Date:

HIGH POTENTIAL (HiPo) RISK:

Does this task involve a high potential risk?

If yes, mark the box and obtain the corresponding critical control checklist.

If multiple high potential risks are identified, obtain the most relevant critical control checklist.

<input type="checkbox"/> Dropped Objects	<input type="checkbox"/> Lifting Operations	<input type="checkbox"/> Falls from Height	<input type="checkbox"/> Breaking into Hazardous Pipelines	<input type="checkbox"/> Chemical Exposure	<input type="checkbox"/> Crush & Entanglement	<input type="checkbox"/> Electricity
<input type="checkbox"/> Thermal Exposure	<input type="checkbox"/> Vehicle collision or rollover	<input type="checkbox"/> Vehicle impact on person	<input type="checkbox"/> Fire	<input type="checkbox"/> Online sealing & Clamping	<input type="checkbox"/> Confined Spaces	<input type="checkbox"/> Uncontrolled energy release



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CERTIFICATES REQUIRED: Will any of the following apply? If yes, Permit Holder to obtain from **Permit Authoriser**.

Confined Space	<input type="checkbox"/>	Working at Height	<input type="checkbox"/>	Hot Work	<input type="checkbox"/>	Excavation	<input type="checkbox"/>	Penetration	<input type="checkbox"/>
Radiation	<input type="checkbox"/>	Asbestos / fibro cement sheeting	<input type="checkbox"/>	Live work access	<input type="checkbox"/>	High voltage access	<input type="checkbox"/>	High voltage test	<input type="checkbox"/>

LIVE ELECTRICAL WORK: Does this task include live electrical work? For all live work deemed medium or high risk, endorsement is required by the **Electrical Supervisor/Engineer**.

LOW risk	<input type="checkbox"/>	MEDIUM risk	<input type="checkbox"/>	HIGH risk	<input type="checkbox"/>
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ENVIRONMENTAL: Will any of the following apply? If yes, Permit Holder or Accountable Person to contact the **Environment Department**.

Vegetation cleared/disturbed - Environment to complete Permit to Disturb Native Vegetation	<input type="checkbox"/>	Chemicals stored without bunding	<input type="checkbox"/>	Non Routine Hazardous waste generated	<input type="checkbox"/>	Liquids discharged to storm water system/drains	<input type="checkbox"/>
High noise activity at site boundary	<input type="checkbox"/>	Excessive dust generated that may leave the site boundary	<input type="checkbox"/>	Soil excavated or relocated	<input type="checkbox"/>	Use of scheme/fire hydrant water	<input type="checkbox"/>
Groundwater bores within 5m of work area	<input type="checkbox"/>						

OCCUPATIONAL HYGIENE: Will the task involve working with any of the below? If yes, Permit Holder or Accountable Person to contact the **Hygiene/Safety Advisor**.

Vanadium	<input type="checkbox"/>	Lead	<input type="checkbox"/>	Mould/Fungi	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	Arsenic	<input type="checkbox"/>	Contaminated soils	<input type="checkbox"/>	Silica	<input type="checkbox"/>	Legionella	<input type="checkbox"/>	Radiation	<input type="checkbox"/>
Have you checked all equipment (eg electrical leads/tools/fire extinguishers?) Check condition and current inspection tags		<input type="checkbox"/>	Have you checked/cleaned/tested the nearest safety shower? NOTE: contact control room prior to testing			<input type="checkbox"/>	Are you familiar with the task? If not, ask for clarification		<input type="checkbox"/>	Have you considered any emergency response/rescue plans for the task (e.g. W@H)			<input type="checkbox"/>				

NOTE: All **E**xtreme risks shall be further reviewed for hazard controls that reduce the score to below **E**xtreme before the task can proceed.

Consequence	Health & Safety Description
Insignificant	Minor, first aid
Minor	Medical treatment or Restricted duties
Moderate	Lost time injury or illness
Major	Serious permanent disability or single death
Catastrophic	Multiple fatalities

RISK MATRIX					
Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	M	H	E	E	E
Likely	M	H	H	E	E
Possible	L	M	H	H	E
Unlikely	L	L	M	H	H
Rare	L	L	L	M	M
Very Rare	L	L	L	L	L



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#	TASK STEP What am I going to do?	HAZARD & IMPACT (cause and effect) What could hurt me/others or impact the environment? What harm could occur?	HIGH POTENTIAL RISK Indicate HiPo risk and obtain Critical Control Checklist(s)	CONTROLS What must be in place to prevent harm?	RESIDUAL RISK (L, M, H, E)	ADDITIONAL COMMENTS
1						
2						
3						
4						
5						



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6						
7						
8						
9						
10						



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JSA DAILY ACKNOWLEDGMENT <small>NOTE: (This page can be printed and added to the JSA if further Names need to be added.)</small>		I have discussed, read and understood this JSA - the steps of the task, their associated hazards, and the associated controls / action' that shall be followed to reduce the possibility of injury to myself, my team members or other people.			
Name	Signature	Date	Name	Signature	Date