JOB SAFETY ANALYSIS (JSA) WORKSHEET

***SECTION 3*** *Framework for Health and Safety Management*

***ATTACHMENT***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LOCATION/ SITE:** |  | **JOB PLAN / SHEET**(if applicable) |  | **JSA NO:** |  |
| **COMPANY NAME (CONDUCTING WORK):** |  |  |  |
| **WORK ACTIVITY / JOB****/ TASK OR ACTIVITY DESCRIPTION** |  |  |  | **DATE JSA DEVELOPED:** |  |
| **NAME OF EMPLOYEES INVOLVED IN INITIAL JSA DEVELOPMENT:** |  |  |  |  |  |
| **AUTHORISING PERSON: (PRINT)** |  | **SIGNATURE:** |  | **DATE OF AUTHORISATION:** |  |

|  |  |
| --- | --- |
| **S:** Safety**E:** Environment | **CONSEQUENCE** |
| **S:** Onsite treatment (first aid)**E:** Minor impact (onsite) | **S:** Offsite treatment (Medical)**E:** Minor impact (offsite) | **S:** Fatality or permanent injury**E:** Major impact (onsite/offsite) |
| **LIKELIHOOD** |
| **Almost Certain**(Will probably occur) | **CHECK** | **STOP** | **STOP** |
| **Possible**(May occur, has happened) | **START** | **CHECK** | **STOP** |
| **Unlikely**(could occur - known to happen) | **START** | **START** | **CHECK** |

|  |
| --- |
| **ACTION TABLE** |
| Uncontrolled Risk Level | What do we need to do? | Controlled Risk Level | What should happen next? |
| **STOP** | Hazards must be eliminated or the uncontrolled risk level reduced through substitution, isolation, engineering or a design change. | **STOP** | TASK MUST STOP The task CANNOT proceed until company has agreed to what (IF ANY) further controls must be applied. |
| **CHECK** | Ensure that the highest possible controls have been applied (e.g., elimination, substitution, isolation, engineering, several administrative controls and PPE). | **CHECK** | TASK MUST BE CHECKEDCOMPANY MUST review controls and ensure they are appropriate and effective before the task can start. |
| **START** | The Supervisor or equivalent MUST review the controls and ensure they are appropriate and effective before the task can start. | **START** | TASK MAY START Continually review controls are in place and working effectively. |

***SECTION 3*** *Framework for Health and Safety Management*

***ATTACHMENT***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACTIVITY****/ TASK SEQUENCE** | **HAZARDS** | **UNCONTROLLED RISK LEVEL** | **CONTROLS** | **UNCONTROLLED RISK LEVEL** | **WHO WILL DO THIS?** |
| Break the job down into tasks. Each task should accomplish some major activity andbe in a logical sequence. |  | **STOP** |  Work in Adjacent Areas Licenses, Qual’s, Permits Training requirements Approvals, Plans & Permits Maintenance / Inspection Safety Equipment PPE MSDS | **STOP** | Wherever possible list who specifically (by name)and when this needs to be done. |
|  | **CHECK** | **CHECK** |
|  | **START** | **START** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

### WORK DIAGRAM (IF APPLICABLE)

***SECTION 3*** *Framework for Health and Safety Management*

E.g., sketch or attach relevant diagrams or drawings of task hazards such as services, other plant or equipment, hazardous areas, environmental considerations etc.).

***ATTACHMENT***

***SECTION 3*** *Framework for Health and Safety Management*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WORKER NAME** | **SIGNATURE**(I have been consulted in and understand this JSA) | **DATE** | **EMPLOYEE NAME** | **SIGNATURE**(I have been consulted in and understand this JSA) | **DATE** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Note:** Attach additional signature pages if necessary.

***ATTACHMENT***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REVIEW NO:** | **1** | **2** | **3 4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Date:** |  |  |  |  |  |  |  |  |  |  |
| **Initial:** |  |  |  |  |  |  |  |  |  |  |

**Note:** JSA’s must be reviewed at a minimum weekly.

|  |  |  |
| --- | --- | --- |
| **JSA AMENDMENT REASON/DETAILS** | **CHANGE MANAGEMENT ACTIONS****(e.g., actions taken to communicate changes)** | **DATE** |
|  |  |  |
|  |  |  |