

Job Safety Analysis (JSA) - Part 1

JSA #

page ____ of ____

This JSA is a Job specific statement that must be prepared before any Work is commenced. Include all team members in the preparation.

| Company Details | | | |
|--|------------------------------|---|--|
| Company name | Maxicom (2013) Limited | Company phone | 0800567567 Option 1 |
| Company address | 20 Herekino Street Whangarei | Client name | |
| Person Responsible for ensuring compliance with this JSA | | | |
| Name/Position | Phone | JSA approved YES <input type="checkbox"/> NO <input type="checkbox"/> | Date: ____ / ____ / ____ Signature |
| Job Details | | | |
| Description of Job/Work | | Today's date | |
| | | Job duration | from ____ / ____ / ____ until ____ / ____ / ____ |
| | | Location of Job Site | |
| Does the WorkSafe NZ need to be notified of any Particular Hazardous Work ? YES <input type="checkbox"/> NO <input type="checkbox"/> Date notified ____ / ____ / ____ Notified via EMAIL <input type="checkbox"/> ONLINE <input type="checkbox"/> | | PPE required | Emergency Rescue Plan required Y / N |
| Describe the Particular Hazardous Work | | Emergency Equipment required | |
| Permits to Work required | | H&S Signage / Barricades / Cones required | |
| Plant & Equipment required | | Codes of Practice, Legislation, Standards which apply to this Job | |
| Engineering Certificates / Permits / Approvals / Consents required | | Maintenance Checks required | |

1. Brief each team member on this JSA before commencing the Job. Ensure that all team members know that the Job is to be stopped immediately, if the JSA is not being followed correctly.
2. Observe the work being carried out. If the controls are not appropriate, stop the Job, review the Hazard/Risk Controls, and correct the JSA as required. Then re-brief all the team members.
3. Retain a copy of this JSA for the duration of the Job.

Job Safety Analysis (JSA) - Part 2

JSA #

Use this form to 'Analyse' what the Potential Hazards/Risks are when the task is performed, and how each Hazard/Risk will be 'Controlled'.

Try to ELIMINATE the HAZARD first, and if you can't, then MINIMISE the RISKS = Substitute, Isolate, Engineering controls, Administrative controls, Personal Protective Equipment.

| 1. IDENTIFY | | 2. ASSESS | | 3. MANAGE | | | |
|-------------|---|--|---------------|--------------------------|--------------------------|--|---|
| Step # | Procedure (Job Steps) <small>List in order, the steps required to complete the performed task/job.</small> | Potential Hazards/Risks <small>For each step, list the Hazards/Risks that could occur when the task is performed.</small> | Level of Risk | ELIMINATE | MINIMISE | Control Measures <small>If eliminating the Hazard is not reasonable practicable, then you must MINIMISE the RISKS, by implementing <u>one</u> or more control measures.</small> | Person(s) Responsible <small>for implementing, monitoring, and reviewing the control measures.</small> |
| 1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | 1. 2. 3. 4. | |
| 2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | 1. 2. 3. 4. | |
| 3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | 1. 2. 3. 4. | |
| 4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | 1. 2. 3. 4. | |
| 5 | | | | <input type="checkbox"/> | <input type="checkbox"/> | 1. 2. 3. 4. | |
| 6 | | | | <input type="checkbox"/> | <input type="checkbox"/> | 1. 2. 3. 4. | |
| 7 | | | | <input type="checkbox"/> | <input type="checkbox"/> | 1. 2. 3. 4. | |

Refer to the Risk Matrix on the last page.

(Use extra pages if required)

Job Safety Analysis (JSA) - Part 2

JSA #

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|-------------|--|---|---------------|--------------------------|--------------------------|---|---|
| Step # | Procedure (Job Steps) List in order, the steps required to complete the performed task/job. | Potential Hazards/Risks For each step, list the Hazards/Risks that could occur when the task is performed. | Level of Risk | ELIMINATE | MINIMISE | Control Measures If eliminating the Hazard is not reasonable practicable, then you must MINIMISE the RISKS, by implementing <u>one</u> or more control measures. | Person(s) Responsible for implementing, monitoring, and reviewing the control measures. |
| 8 | | | | <input type="checkbox"/> | <input type="checkbox"/> | 1. 2. 3. 4. | |
| 9 | | | | <input type="checkbox"/> | <input type="checkbox"/> | 1. 2. 3. 4. | |
| 10 | | | | <input type="checkbox"/> | <input type="checkbox"/> | 1. 2. 3. 4. | |
| 11 | | | | <input type="checkbox"/> | <input type="checkbox"/> | 1. 2. 3. 4. | |
| 12 | | | | <input type="checkbox"/> | <input type="checkbox"/> | 1. 2. 3. 4. | |
| 13 | | | | <input type="checkbox"/> | <input type="checkbox"/> | 1. 2. 3. 4. | |
| 14 | | | | <input type="checkbox"/> | <input type="checkbox"/> | 1. 2. 3. 4. | |

Refer to the Risk Matrix on the last page.

(Use extra pages if required)

Job Safety Analysis (JSA) - Part 3

| |
|-------|
| JSA # |
|-------|

page ____ of ____

| Qualifications and Experience required to complete the Job | Personnel, Duties and Responsibilities | Training Required to Complete the Job |
|--|--|---------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Read and Signed by All Workers on the Job

1. I have had the Job explained to me including what tasks will be high-risk, the tasks, and associated hazards, risks and controls.
2. I understand that the Job is to stop immediately, if the JSA is not being followed.
3. I understand that if the Hazard/Risk Controls are not adequate I will stop the Job, review the JSA, and correct the Hazard/Risk Controls, as required with the team.

| Name: | Position: | Signature: | Date: |
|-------|-----------|------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Review # | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 |
|----------------|----|----|----|----|----|----|----|----|----|
| Initial | | | | | | | | | |
| Date | | | | | | | | | |

JSA #

Use the table below to determine what the LEVEL of RISK is, for each 'step' of the Job.

Answer these questions

1. What is the 'Likelihood' of being harmed?
2. And how 'Severe' will the injury/illness be?
(the consequence)

| | | | | | | |
|-----------------|-------------------|-------------|-----------------|-----------------|---------------|-----------------------|
| SEVERITY | Extreme | 3 | 3 | 4 | 5 | 5 |
| | Major | 2 | 3 | 3 | 4 | 5 |
| | Moderate | 2 | 3 | 3 | 3 | 4 |
| | Minor | 1 | 2 | 3 | 3 | 3 |
| | Minimal | 1 | 1 | 2 | 2 | 3 |
| | | Rare | Unlikely | Possible | Likely | Almost certain |
| | LIKELIHOOD | | | | | |

LEVEL OF RISK

| | | |
|----------|-----------------|---|
| 5 | Extreme | Urgent attention required - life threatening. STOP ALL ACTIVITIES immediately and take urgent action to eliminate the risk. |
| 4 | High | Requires immediate corrective action, usually within 24-hours . |
| 3 | Moderate | Corrective Action usually required within 1- week . |
| 2 | Low | Corrective Action usually required within 1-month . |
| 1 | Very Low | No Corrective action usually required. Record accordingly and proceed with care. |