

# Job Safety and Environment Analysis (JSEA)

<b>Location:</b>	<b>Work Order/Project No:</b>	<b>Date:</b>	<b>Time:</b>
<b>Job Description:</b>			

Potential Environmental Hazards	Potential Workplace Health and Safety Hazards				
Air pollution (dust, fumes) <input type="checkbox"/> Y <input type="checkbox"/> N	Rotating equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Electrical <input type="checkbox"/> Y <input type="checkbox"/> N	Work at heights* <input type="checkbox"/> Y <input type="checkbox"/> N	Biological <input type="checkbox"/> Y <input type="checkbox"/> N	Other (list):
Spills to ground <input type="checkbox"/> Y <input type="checkbox"/> N	Lifting equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Hot work <input type="checkbox"/> Y <input type="checkbox"/> N	Chemicals** <input type="checkbox"/> Y <input type="checkbox"/> N	Hot surfaces <input type="checkbox"/> Y <input type="checkbox"/> N	
Spills to water <input type="checkbox"/> Y <input type="checkbox"/> N	Mobile plant <input type="checkbox"/> Y <input type="checkbox"/> N	Pressure <input type="checkbox"/> Y <input type="checkbox"/> N	Asbestos*** <input type="checkbox"/> Y <input type="checkbox"/> N	Lighting <input type="checkbox"/> Y <input type="checkbox"/> N	
Other (list):	Manual handling <input type="checkbox"/> Y <input type="checkbox"/> N	Noise <input type="checkbox"/> Y <input type="checkbox"/> N	Gas <input type="checkbox"/> Y <input type="checkbox"/> N	Weather <input type="checkbox"/> Y <input type="checkbox"/> N	
	Ergonomics <input type="checkbox"/> Y <input type="checkbox"/> N	Confined space <input type="checkbox"/> Y <input type="checkbox"/> N	Dust/fumes <input type="checkbox"/> Y <input type="checkbox"/> N	Other workers <input type="checkbox"/> Y <input type="checkbox"/> N	

\*If **WORKING AT HEIGHTS** selected: Complete a *Working at Heights Checklist* and attached to this JSEA  Yes Attached  No Not applicable

\*\* If **CHEMICALS** selected: Review *Safety Data Sheet (SDS)* for additional safety precautions and attach all SDS's to this JSEA  Yes Attached  No Not applicable

\*\*\* If **ASBESTOS** is known or suspected: Review relevant site Asbestos Register and *Asbestos Management* procedures (WHS-07 and 07A) before proceeding.

Environmental Control Measures	Workplace Health and Safety Control Measures				
Bunding <input type="checkbox"/> Y <input type="checkbox"/> N	Isolations <input type="checkbox"/> Y <input type="checkbox"/> N	Fall protection <input type="checkbox"/> Y <input type="checkbox"/> N	Portable lighting <input type="checkbox"/> Y <input type="checkbox"/> N	Hearing protection <input type="checkbox"/> Y <input type="checkbox"/> N	Head protection <input type="checkbox"/> Y <input type="checkbox"/> N
Spill kits <input type="checkbox"/> Y <input type="checkbox"/> N	Gas detection <input type="checkbox"/> Y <input type="checkbox"/> N	Barricades <input type="checkbox"/> Y <input type="checkbox"/> N	Ventilation fans <input type="checkbox"/> Y <input type="checkbox"/> N	Eye protection <input type="checkbox"/> Y <input type="checkbox"/> N	Other (list):
Soaker pads <input type="checkbox"/> Y <input type="checkbox"/> N	Intrinsic equip <input type="checkbox"/> Y <input type="checkbox"/> N	Rescue equip <input type="checkbox"/> Y <input type="checkbox"/> N	Extraction fans <input type="checkbox"/> Y <input type="checkbox"/> N	Respiratory protection <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
Other (list):	Fire extinguishers <input type="checkbox"/> Y <input type="checkbox"/> N	2-way radios <input type="checkbox"/> Y <input type="checkbox"/> N	Work breaks <input type="checkbox"/> Y <input type="checkbox"/> N	Face protection <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
	Fire blankets <input type="checkbox"/> Y <input type="checkbox"/> N	Scaffolding <input type="checkbox"/> Y <input type="checkbox"/> N	UV protection <input type="checkbox"/> Y <input type="checkbox"/> N	Hand Protection <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
	Sentry/Observer <input type="checkbox"/> Y <input type="checkbox"/> N	Housekeeping <input type="checkbox"/> Y <input type="checkbox"/> N	Protective clothing <input type="checkbox"/> Y <input type="checkbox"/> N	Foot protection <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

Access Authority and number (where applicable)				
<input type="checkbox"/> Mechanical access	<input type="checkbox"/> Electrical / HV	<input type="checkbox"/> Hot work	<input type="checkbox"/> Confined space	<input type="checkbox"/> Authority to work in the vicinity
A/A:	A/A:	A/A:	A/A:	A/A:

# Job Safety and Environment Analysis (JSEA)

## Risk Matrix CONSEQUENCE

		1	2	3	4	5
LIKELIHOOD	E	M	M	VH	E	E
	D	L	M	H	VH	E
	C	L	L	M	H	VH
	B	L	L	M	H	H
	A	L	L	M	M	H

## LIKELIHOOD

E = Almost Certain (Multiple per year)  
 D = Likely (Time to time/ 1 per year)  
 C = Possible (Occasional/ 1 in 3 years)  
 B = Unlikely (Possible / 1 in 3-9 years)  
 A = Rare (Unusual/once every 10 years)

## WHS CONSEQUENCE

5 = Severe (Fatality or permanent disability)  
 4 = Major (Lost time injury or illness)  
 3 = Moderate (Medical treatment/short term)  
 2 = Minor (First aid treatment)  
 1 = Insignificant (Incident report only)

## ENVIRONMENTAL CONSEQUENCE

5 = Severe (Substantial widespread permanent damage)  
 4 = Major (Long term effects on environment)  
 3 = Moderate (Widespread temporary damage)  
 2 = Minor (Localised low level damage)  
 1 = Insignificant (Contained/no environmental impact)

## TASK BASED RISK ASSESSMENT PROCESS

- Decide the likelihood then consequence to determine the level of risk for each step of the task.
- Risk levels may be extreme, very high, high, medium or low as per the risk matrix. Example: C Likelihood and 4 Consequence = High risk score
- Score potential risk first (without any controls in place) and then re-score the actual risk (with controls in place).
- If the actual risk score is **LOW**: Proceed with the job task safely.
- If the actual risk score is **MEDIUM**: Review to see if additional controls can be put in place to further reduce the risk AND/OR obtain approval to proceed from your Line Supervisor.
- If the actual risk score is **HIGH, VERY HIGH OR EXTREME**: Do not proceed with task. Discuss with your Line Supervisor.

TASK SEQUENCE What are you going to do?	HAZARD(S) What could cause harm or damage?	Potential Risk Score (no controls)	CONTROL MEASURE(S) What will be put in place to keep you safe?	Actual Risk Score (with controls)	RESPONSIBLE PERSON Who will do this?
1					
2					
3					
4					
5					
6					
7					

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TASK SEQUENCE What are you going to do?	HAZARD(S) What could cause harm or damage?	Potential Risk Score (no controls)	CONTROL MEASURE(S) What will be put in place to keep you safe?	Actual Risk Score (with controls)	RESPONSIBLE PERSON Who will do this?
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

