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| **Date:** | | | **Company & Site Address:** | | | | | | | | | | | | | | | | | **Completed By:**  Name:  Phone: | | | |
| **Ref Number:** | | | **Task Description:** | | | | | | | | | | | | | | | | | **Site Contact:**  Name:  Phone: | | | |
| **Hazard Categories and Examples** (add/delete as appropriate)  **Apply to: Process ----- Task ----- Area** | | | | | | | | | | | | | | | | | | | | | | | |
| **Atmospheric:** | | | | **Personnel:** | | **Chemical:** | | | | **Mechanical:** | | **Physical:** | | | **PPE Required:** | | **Tools Required:** (Description + Tag No.) | | | | | | |
| 1 | Dust / Powder | | | 10 | Physical | 20 | Corrosive | | | 30 | Moving Parts | 40 | Trips and Slips | | 50 | Hi-Viz Vest | 60 | |  | | | |  |
| 2 | Flammable Gas | | | 11 | Mental | 21 | Reactive | | | 31 | Power Tools | 41 | Falls from Height | | 51 | Safety Boots | 61 | |  | | | |  |
| 3 | Toxic Gas | | | 12 | Drugs/Alcohol | 22 | Toxic | | | 32 | Pressurised Fluids | 42 | Falling Items | | 52 | Hearing Protection | 62 | |  | | | |  |
| 4 | Oxygen +/- | | | 13 | Training | 23 | Ecotoxic | | | 33 | Pressurised Gas | 43 | Electricity | | 53 | Safety Glasses | 63 | |  | | | |  |
| 5 |  | | | 14 | Stress | 24 | Flammable | | | 34 | Hot – Cold Metal | 44 | Noise | | 54 | Hard Hat | 64 | |  | | | |  |
| 6 |  | | | 15 | Fatigue | 25 |  | | | 35 | Entanglement | 45 | Traffic / Plant | | 55 | Hair Nets | 65 | |  | | | |  |
| 7 |  | | | 16 | Fitness | 26 |  | | | 36 | Friction/Abrasion | 46 | Visibility | | 56 | Gloves | 66 | |  | | | |  |
| 8 |  | | | 17 | Working Alone | 27 |  | | | 37 | Cutting | 47 | Weather | | **Other Safety Equipment** | | 67 | |  | | | |  |
| 9 |  | | | 18 | Other People | 28 |  | | | 38 | Crushing | 48 |  | | 57 | Cones & Barrier Bars | 68 | |  | | | |  |
|  |  | | | 19 |  | 29 |  | | | 39 |  | 49 |  | | 58 |  | 69 | |  | | | |  |
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| **BASIC STEPS** | | | | | | | | **HAZARDS** | | | | | | **HAZARD CONTROL MEASURES** | | | | | | | **PPE** | **Tools** | |
| Step No | | List these steps required to complete the job. | | | | | | HZD No | List the hazards beside each step. | | | | | List the Hazard Control measure required to ELIMINATE, ISOLATE or MINIMISE each hazard. | | | | E-I-M | | |  |  | |
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| **BASIC STEPS** | | **HAZARDS** | | **HAZARD CONTROL MEASURES** | | **PPE** | **Tools** |
| Step No | List these steps required to complete the job. | HZD No | List the hazards beside each step. | List the Hazard Control measure required to ELIMINATE, ISOLATE or MINIMISE each hazard. | E-I-M |  |  |
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| **Job Safety Analysis Sign On:**  I have been advised and briefed of work tasks, hazards, precautions and emergency plan. I agree to abide by all requirements on this JSA. | | | |
| **Name of team member:** | **Role: (i.e. Project Manager/Safety Watch)** | **Date:** | **Signature:** |
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| 2. |  |  |  |
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