| **Description of work activity** | | | | | | | | | | | |  | | **Person authorising JSA for use** | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | |  | | Name: Edena Critch | | | |
|  | | | | | | | | | | | |  | | Position: Area Chief Ranger | | | |
| **Personal protective equipment** | | | | | | | | | | |  |  | | **Training and competency requirements** | | | |
|  | Hearing | |  | | Eye and face | | |  | Other | |  |  | |  | | |  |
|  | Hand | |  | | Respiratory | | |  | | | |  | |  | | |  |
| **Supporting information**  Documents to be referenced for operational guidance and safe working | | | | | | **Permits**  Work control method to ensure the task is completed in a safe and controlled manner | | | | | |  | | **Plant and equipment**  Mobile plant | fixed machinery or hand held equipment that is used to complete the activity | | | **Fuels and chemicals**  Liquids, gases or substances that are used or handled |
|  | | | | | |  | Hot work | | | | |  | |  | | |  |
|  | | | | | |  | Confined space entry | | | | |  | |  | | |  |
|  | | | | | |  | Excavation and trenching | | | | |  | |  | | |  |
|  | | | | | |  | Fall restraint and arrest systems | | | | |  | |  | | |  |
| **Work activity health and safety risks** | | | | | | | | | | | | | | | | | |
| **1.** |  | Risk of a person falling more than 2 metres | | | | | | | | | | | **7.** | |  | Work involving underwater diving | |
| **2.** |  | The removal or likely disturbance of asbestos | | | | | | | | | | | **8.** | |  | Work in, over or near water or liquids that involves a risk of drowning | |
| **3.** |  | Work in or near a confined space | | | | | | | | | | | **9.** | |  | Work on or near energised electrical installations or services | |
| **4.** |  | Work in or near a shaft or trench deeper than 1.5m | | | | | | | | | | | **10.** | |  | Work in an area that may have contaminated or flammable atmosphere | |
| **5.** |  | Work using poisons, baits or restricted use chemicals | | | | | | | | | | | **11.** | |  | Work on, in or adjacent to a road, railway or shipping lane that is in use | |
| **6.** |  | Work using firearms | | | | | | | | | | | **12.** | |  | Work in an area with movement of powered mobile plant | |
| **Job Step** | | | | **Hazards** | | | | | | **Control Measures** | | | | | | | |
| Steps required to perform the job in sequential order | | | | For each job step, identify what can cause injury to those doing the work or to anyone else nearby | | | | | | For each identified hazard, list the measures that need to be put in place to fix the problem which prevents or minimises an injury from occurring | | | | | | | |
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| **Job Step** | **Hazards** | **Control Measures** |
| Steps required to perform the job in sequential order | For each job step, identify what can cause injury to those doing the work or to anyone else nearby | For each identified hazard, list the measures that need to be put in place to fix the problem which prevents or minimises an injury from occurring |
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| **Work crew sign on**  The persons listed below acknowledge that they have been consulted in the work practices to perform work safely and agree to carry out the work in accordance with the methods prescribed in this JSA, or otherwise stop work until the most practical and safest way to carry out the task can be reached  Name: Signature: Date: |  | **Emergency procedures**  Discuss and communicate the initial response to emergency situations that are likely to occur before work commences | | | | | |
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|  |
|  | **First Aid Person** | | **Telephone No** | | | **First Aid Level** |
|  |  |  | |  | | |  |
|  |  |
|  |  | **Nearest Hospital** | | **Telephone No** | | | **Address** |
|  |  |  | |  | | |  |
|  |  |
|  |  | **Nearest Medical Centre** | | **Telephone No** | | | **Address** |
|  |  |  | |  | | |  |
|  |  |
|  |  | **Communication Plan** | |  | |  | |
|  |  | Contact person: |  | |  |  | Mobile phone |
|  |  | Contact number: |  | |  |  | Satellite phone |
|  |  | Supervisor: |  | |  |  | UHF radio |
|  |  | Contact number: |  | |  |  | Other: |