



JOB SAFETY ANALYSIS WORKSHEET (EXAMPLE ONLY)

Job No: _____ Date: _____ Rev No: _____ Prepared By: _____ Approved By: _____

Job Description: _____

JSA Team to print name and sign to signify that you have read, understood and accept the control measures defined in this JSA:

1. _____ 4. _____ 7. _____
 2. _____ 5. _____ 8. _____
 3. _____ 6. _____ 9. _____

Type of Work Permit Required (Please indicate by marking "Y" or "N"):				For further information on Work Procedures or PPE refer to: 1. Relevant Material Safety Data sheets 2. State/Territory requirements 3. Relevant Codes of Practice
Safe Work	<input type="checkbox"/>	Electrical Isolation	<input type="checkbox"/>	
Hot Work	<input type="checkbox"/>	Excavation	<input type="checkbox"/>	
Mechanical Isolation	<input type="checkbox"/>	Product Handling	<input type="checkbox"/>	
PPE Requirements				
Monogoggles	<input type="checkbox"/>	Dust Masks	<input type="checkbox"/>	
Faceshield	<input type="checkbox"/>	Safety Harness	<input type="checkbox"/>	
Respirator	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	
		Barricading/Signs	<input type="checkbox"/>	
		Sentry Required	<input type="checkbox"/>	
		Radio/Phones Available	<input type="checkbox"/>	
		Fire Blankets	<input type="checkbox"/>	
		Extinguishers	<input type="checkbox"/>	

Minimum requirements for personnel onsite will be: long sleeved shirt and long trousers or overalls, safety glasses (with sideshields), safety boots, helmet and hearing protection in appropriate areas.

Job Specific Equipment: _____

