

# Job Safety Analysis Worksheet

## WorkSafe Training Centre

Assessment & Training Service

ABN: 85 066 339 110. FREECALL: 1800 064 966



~~Work Safe - Be Safe.~~

Company Name		Date		JSA No.	
Site Name		Permit to work requirement:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Contractor		Approved by:			
Activity					

Activity List the tasks required to perform the activity in the sequence they are carried out.	Hazards Against each task list the hazards that could cause injury when the task is performed.	Risk Control Measures List the control measures required to eliminate or minimise the risk of injury arising from the identified hazard.	Who is responsible? Write the name of the person responsible (supervisor or above) to implement the control measures identified.
Workers Names	Workers Signatures	Date	We, the undersigned employees acknowledge that we have assisted in the development of this JSA and have read and understood its contents. We agree to perform the works required in accordance with the instructions provided, including but not limited to the use of all listed PP&E

**Remember:** • Each JSA must be site specific. • Include all workers in the development of this JSA.