



JOB SAFETY ANALYSIS WORKSHEET (EXAMPLE ONLY)

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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"/>		Work at Heights <input type="checkbox"/>
Hot Work <input type="checkbox"/>	Excavation <input type="checkbox"/>	Demolition <input type="checkbox"/>	
Mechanical Isolation <input type="checkbox"/>	Product Handling <input type="checkbox"/>	Confined Space Entry <input type="checkbox"/>	
PPE Requirements			
Monogoggles <input type="checkbox"/>	Dust Masks <input type="checkbox"/>	Barricading/Signs <input type="checkbox"/>	Fire Blankets <input type="checkbox"/>
Faceshield <input type="checkbox"/>	Safety Harness <input type="checkbox"/>	Sentry Required <input type="checkbox"/>	Extinguishers <input type="checkbox"/>
Respirator <input type="checkbox"/>	Gloves <input type="checkbox"/>	Radio/Phones Available <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: _____ _____ _____ _____ _____			