



Lead officer's name: _____ Date: _____

Other team members involved in the job: _____

Location of job: _____

Work activity/Job (brief description): _____

List the steps involved in the job (use back of this form if more space is needed):

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Potential hazards

(Identify the hazard associated with each of the above steps):

Initial risk
✓ (tick using the Risk Assessment Matrix to assign a risk rating)

	Extreme	High	Moderate	Low
1) _____				
2) _____				
3) _____				
4) _____				
5) _____				

What measures will you use to control the hazards?

(refer to the hierarchy of controls):

Risk after intended controlled action(s)
✓ (tick using the Risk Assessment Matrix to assign a risk rating)

	Extreme	High	Moderate	Low
1) _____				
2) _____				
3) _____				
4) _____				
5) _____				

Reassessment (Is the job now safe to do? Circle assessment):

YES Proceed with caution using control measures. Do the job safely.	NO Do full safety assessment. Contact line manager.
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Check if Personal Protective Equipment (PPE) is appropriate (tick) ✓

- ☐ Respirator ☐ Gloves ☐ Safety shoes ☐ Hard hat ☐ Sun protection ☐ Overalls
☐ Safety goggles ☐ Chemical protection suit ☐ High visibility clothes ☐ Other (describe) _____

Have all team members agreed to this Job Safety Analysis (JSA)? (tick) ✓ ☐ Yes ☐ No

Team signatures: _____

Office use: Does this JSA need to be discussed with the safety representative? (tick) ✓ ☐ Yes ☐ No