

		JOB HAZARD ANALYSIS - JHA				DATE: REGISTERED No:																																																																																																							
JOB DESCRIPTION:																																																																																																													
EQUIPMENT /PLANT:																																																																																																													
EMERGENCY ACTION PLAN: WHO: First on the scene to make initial assessment and notify Emergency Rescue Team (ERT). ERT control scene once in attendance. CONTACT: RESPONSE: Area made safe before entering e.g. Equipment turned off, energy sources shutdown, workplace ventilated, objects secured, spills or leaks contained ACTION: Injured/ill team member receive treatment POST INCIDENT: Scene is not to be disturbed until permission is given by VP HSSEC or nominee		<div style="background-color: #ff9900; text-align: center; padding: 5px; font-weight: bold; font-size: 18px;">RISK SCORE CALCULATOR</div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 10px;"> <tr> <th colspan="2" rowspan="3" style="background-color: #cccccc;">RISK CRITERIA</th> <th colspan="5" style="background-color: #cccccc;">CONSEQUENCES</th> </tr> <tr> <th style="background-color: #cccccc;">Low</th> <th style="background-color: #cccccc;">Minor</th> <th style="background-color: #cccccc;">Moderate</th> <th style="background-color: #cccccc;">Major</th> <th style="background-color: #cccccc;">Critical</th> </tr> <tr> <th style="background-color: #cccccc;">People</th> <th style="background-color: #cccccc;">Environment</th> <th style="background-color: #cccccc;">Operational Impact</th> <th style="background-color: #cccccc;">First Aid Injury (FAI)</th> <th style="background-color: #cccccc;">Medical Treatment Injury (MTI)</th> <th style="background-color: #cccccc;">Lost Time Injury (LTI) / Restricted Work Case</th> <th style="background-color: #cccccc;">Single Fatality</th> <th style="background-color: #cccccc;">Multiple fatalities</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="5" style="background-color: #cccccc; text-align: center; font-weight: bold;">LIKELIHOOD</td> <td style="background-color: #cccccc;">Almost Certain</td> <td>Expected to occur yearly</td> <td style="background-color: #ff9900;">High (11H)</td> <td style="background-color: #ff9900;">High (16H)</td> <td style="background-color: #ff0000;">Extreme (19E)</td> <td style="background-color: #ff0000;">Extreme (23E)</td> <td style="background-color: #ff0000;">Extreme (25E)</td> </tr> <tr> <td style="background-color: #cccccc;">Likely</td> <td>Will probably occur every 1 to 2 years</td> <td style="background-color: #ffff00;">Moderate (6M)</td> <td style="background-color: #ffff00;">High (15H)</td> <td style="background-color: #ffff00;">High (17H)</td> <td style="background-color: #ff0000;">Extreme (21E)</td> <td style="background-color: #ff0000;">Extreme (24E)</td> </tr> <tr> <td style="background-color: #cccccc;">Possible</td> <td>Should occur over the next 5 years</td> <td style="background-color: #99ff99;">Low (3L)</td> <td style="background-color: #99ff99;">Moderate (7M)</td> <td style="background-color: #ffff00;">High (14H)</td> <td style="background-color: #ff0000;">Extreme (20E)</td> <td style="background-color: #ff0000;">Extreme (22E)</td> </tr> <tr> <td style="background-color: #cccccc;">Unlikely</td> <td>Could occur in 5 to 10 years</td> <td style="background-color: #99ff99;">Low (2L)</td> <td style="background-color: #99ff99;">Low (5L)</td> <td style="background-color: #ffff00;">Moderate(9M)</td> <td style="background-color: #ff0000;">High (13H)</td> <td style="background-color: #ff0000;">Extreme (18E)</td> </tr> <tr> <td style="background-color: #cccccc;">Rare</td> <td>May occur over the next 20-30 years</td> <td style="background-color: #99ff99;">Low (1L)</td> <td style="background-color: #99ff99;">Low (4L)</td> <td style="background-color: #ffff00;">Moderate(8M)</td> <td style="background-color: #ff0000;">High (10H)</td> <td style="background-color: #ff0000;">High (12H)</td> </tr> <tr> <td rowspan="4" style="background-color: #cccccc; text-align: center; font-weight: bold;">ACTION KEY</td> <td style="background-color: #ff0000; color: white;">Extreme</td> <td colspan="6">If residual risks are assessed as being Extreme then task is not authorised.</td> </tr> <tr> <td style="background-color: #ff9900; color: white;">High</td> <td colspan="6">If residual risks are assessed as being High then task is not authorised.</td> </tr> <tr> <td style="background-color: #ffff00; color: black;">Moderate</td> <td colspan="6">If residual risks are assessed as being Moderate then approval to commence task is required from the responsible Supervisor.</td> </tr> <tr> <td style="background-color: #00ff00; color: black;">Low</td> <td colspan="6">If residual risks are assessed as being Low then risk level is tolerable. Proceed if authorised by the responsible Leading Hand. Monitor and manage risk. Complete a JHA where the inherent risk is assessed as moderate or greater.</td> </tr> </table>						RISK CRITERIA		CONSEQUENCES					Low	Minor	Moderate	Major	Critical	People	Environment	Operational Impact	First Aid Injury (FAI)	Medical Treatment Injury (MTI)	Lost Time Injury (LTI) / Restricted Work Case	Single Fatality	Multiple fatalities																		LIKELIHOOD	Almost Certain	Expected to occur yearly	High (11H)	High (16H)	Extreme (19E)	Extreme (23E)	Extreme (25E)	Likely	Will probably occur every 1 to 2 years	Moderate (6M)	High (15H)	High (17H)	Extreme (21E)	Extreme (24E)	Possible	Should occur over the next 5 years	Low (3L)	Moderate (7M)	High (14H)	Extreme (20E)	Extreme (22E)	Unlikely	Could occur in 5 to 10 years	Low (2L)	Low (5L)	Moderate(9M)	High (13H)	Extreme (18E)	Rare	May occur over the next 20-30 years	Low (1L)	Low (4L)	Moderate(8M)	High (10H)	High (12H)	ACTION KEY	Extreme	If residual risks are assessed as being Extreme then task is not authorised.						High	If residual risks are assessed as being High then task is not authorised.						Moderate	If residual risks are assessed as being Moderate then approval to commence task is required from the responsible Supervisor.						Low	If residual risks are assessed as being Low then risk level is tolerable. Proceed if authorised by the responsible Leading Hand. Monitor and manage risk. Complete a JHA where the inherent risk is assessed as moderate or greater.					
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PLANNED HIGH RISK ACTIVITY – PERMIT REQUESTED :																																																																																																													
<input type="checkbox"/> Work at Heights (> 1,8 m)	<input type="checkbox"/> Roof Work (pitch > 24°)																																																																																																												
<input type="checkbox"/> Hazardous Substance Use	<input type="checkbox"/> Demolition Work																																																																																																												
<input type="checkbox"/> Hot Work	<input type="checkbox"/> Working in Operations Area																																																																																																												
<input type="checkbox"/> High Noise Area	<input type="checkbox"/> Ground disturbance and clearing																																																																																																												
<input type="checkbox"/> Excavation Entry (1.5m Deep)	<input type="checkbox"/> Confined Space Entry																																																																																																												
<input type="checkbox"/> Electrical Hazard Present	<input type="checkbox"/> Other:																																																																																																												
In the event of injury is a member of the work team First Aid Qualified? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, their Name?																																																																																																													
DEVELOPED BY:				DEVELOPED BY: (use 'Attendance Sheet' if required):																																																																																																									
No	Name	Signature	Position	No	Name	Signature	Position	Date.																																																																																																					
1				5																																																																																																									
2				6																																																																																																									
3				7																																																																																																									
4				8																																																																																																									
MANAGER APPROVAL: (i.e. Area Manager, Contractors / Sub-contractors)																																																																																																													
Name:		Signature:		Position:		Date:																																																																																																							
REVIEW: (NOTE: Work may only proceed once the JHA has been reviewed (signed and dated) by the VP HSSEC or nominee)																																																																																																													
Name:		Signature:		Position:		Date:																																																																																																							

P.P.E REQUIREMENTS Check those that may be required <input checked="" type="checkbox"/>				PLANT, EQUIPMENT & TOOLS FOR JOB Check if to be used <input checked="" type="checkbox"/>				TAGGING & SIGNS Check required <input checked="" type="checkbox"/>		PERMITS & INSTRUCTION Check required <input checked="" type="checkbox"/>	
Safety Harness	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	Ladder	<input type="checkbox"/>	Fire Blanket	<input type="checkbox"/>	Men Working Above	<input type="checkbox"/>	MSDSs	<input type="checkbox"/>
Static Line	<input type="checkbox"/>	SCBA	<input type="checkbox"/>	Hand Tools	<input type="checkbox"/>	Excavator	<input type="checkbox"/>	Barrier Mesh	<input type="checkbox"/>	Instruction Manuals	<input type="checkbox"/>
Steel Capped Boots	<input type="checkbox"/>	Air-line	<input type="checkbox"/>	Tool Lanyard	<input type="checkbox"/>	Winch	<input type="checkbox"/>	Flagging	<input type="checkbox"/>	Procedures	<input type="checkbox"/>
Hard Hat	<input type="checkbox"/>	Air Purifying Respirator	<input type="checkbox"/>	Welding Machine	<input type="checkbox"/>	Extension Leads	<input type="checkbox"/>	Personal Locks	<input type="checkbox"/>	Permit to Work	<input type="checkbox"/>
Tinted Safety Glasses	<input type="checkbox"/>	Confined Space Harness	<input type="checkbox"/>	Compactor	<input type="checkbox"/>	Power Source	<input type="checkbox"/>	Personal Danger Tags	<input type="checkbox"/>	Hot Work Permit	<input type="checkbox"/>
Clear Safety Glasses	<input type="checkbox"/>	Gloves – PVC	<input type="checkbox"/>	Drill	<input type="checkbox"/>	Crane/Forklift	<input type="checkbox"/>	Out of Service Tags	<input type="checkbox"/>	Clearance t to Work	<input type="checkbox"/>
Monogoggles	<input type="checkbox"/>	Gloves – Hyflex (Nitrile)	<input type="checkbox"/>	Grinder	<input type="checkbox"/>	EWP	<input type="checkbox"/>	Information Tags	<input type="checkbox"/>	Excavation Permit	<input type="checkbox"/>
Face Shield	<input type="checkbox"/>	Gloves – Leather Riggers	<input type="checkbox"/>	Scaffold	<input type="checkbox"/>	Fans	<input type="checkbox"/>	Scaffold Barricade	<input type="checkbox"/>	Confined Space Permit	<input type="checkbox"/>
Sun Screen	<input type="checkbox"/>		<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>	Scissor Lift	<input type="checkbox"/>	Work Instructions	<input type="checkbox"/>	Grid Mesh Removal	<input type="checkbox"/>

HAZARD PROMPT – “Check <input checked="" type="checkbox"/> ” To Identify the job hazards and assess the RISK personnel may be exposed to before safeguards are implemented:													
Electrical	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Vehicles	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Pressure	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Weather	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Radiation (Hot Work / Sun)	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Heat	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Lighting	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Chemical	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Height	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Access	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Bacteria	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Rotating Equipment	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Dehydration	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Manual Handling	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Tools	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Depth	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Vibration	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Dust	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Moving Equipment	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Hot / Cold Objects	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High		<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Gases	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Weight	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Noise	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Slip / Trip	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Lifting Equipment	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Overhead Hazards	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High		<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High

[illegible]

If it's not safe – don't do it!

