

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

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:

RISK SCORE CALCULATOR							
RISK CRITERIA		CONSEQUENCES					
		Low	Minor	Moderate	Major	Critical	
People	People	First Aid Injury (FAI)	Medical Treatment Injury (MTI)	Lost Time Injury (LTI) / Restricted Work Case	Single Fatality	Multiple fatalities	
	Environment	Low level environmental impact	Minor effects on biological or physical environment.	Moderate short-term environmental impact	Relatively wide-spread medium long term environmental impact	Widespread long term environmental impact	
	Operational Impact	Easily fixed up-straight away	Minor damage to equipment; no loss of production	Loss of less than one weeks production	Major damage to facility; loss of less than six months production	Serious problems with future operation of the facility	
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.					

 In the event of injury is a member of the work team First Aid Qualified?  YES  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



