

JOB HAZARD ANALYSIS (JHA)

Job Description _____

Job Reference or Task Number _____

Date _____

Time _____

JHA Team Members (print name) _____

HIGH RISK CERTIFICATES / ORIGINAL EQUIPMENT MANUFACTURER (OEM) *(Tick relevant box or list other)*

- | | | | | | | | |
|-------------------------------------|---|--|---|--|--|--|----------------------------------|
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Confined Space Entry | <input type="checkbox"/> High Voltage Access | <input type="checkbox"/> Crane Lift Plan | <input type="checkbox"/> GDP or Environmental Permits | <input type="checkbox"/> Floor/Roof/Wall Opening | <input type="checkbox"/> Grid Mesh removal | <input type="checkbox"/> Workbox |
| <input type="checkbox"/> Hot Works | <input type="checkbox"/> Commissioning | <input type="checkbox"/> Work at heights | <input type="checkbox"/> Critical Safety System | <input type="checkbox"/> Power Vicinity/ Corridor Access | <input type="checkbox"/> OEM Procedure | <input type="checkbox"/> Other _____ | |

APPROVAL AND SIGN OFF *(By signing and approving this document I have reviewed this JHA and all reasonably practicable controls available have been put in place for this task)*

Work Group Supervisor Name _____	Date _____	Time _____	Phone _____	Signature _____
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SUPERVISOR ACCEPTING

SUPERVISOR ACCEPTING

Name _____	Date _____	Time _____	Signature _____	Name _____	Date _____	Time _____	Signature _____
Name _____	Date _____	Time _____	Signature _____	Name _____	Date _____	Time _____	Signature _____
Name _____	Date _____	Time _____	Signature _____	Name _____	Date _____	Time _____	Signature _____
Name _____	Date _____	Time _____	Signature _____	Name _____	Date _____	Time _____	Signature _____
Name _____	Date _____	Time _____	Signature _____	Name _____	Date _____	Time _____	Signature _____
Name _____	Date _____	Time _____	Signature _____	Name _____	Date _____	Time _____	Signature _____

HOLD POINTS *(What could change that could significantly increase exposure)*

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CHANGE IN ACTIVITY AND APPROVAL *(Record additional detail in the main JHA section)*

Date _____	Time _____	Activity _____	Description of change _____
New Control _____	Approved By _____		
Date _____	Time _____	Activity _____	Description of change _____
New Control _____	Approved By _____		

SAFE WORK METHOD STATEMENT

Doc No: TACR2019/03

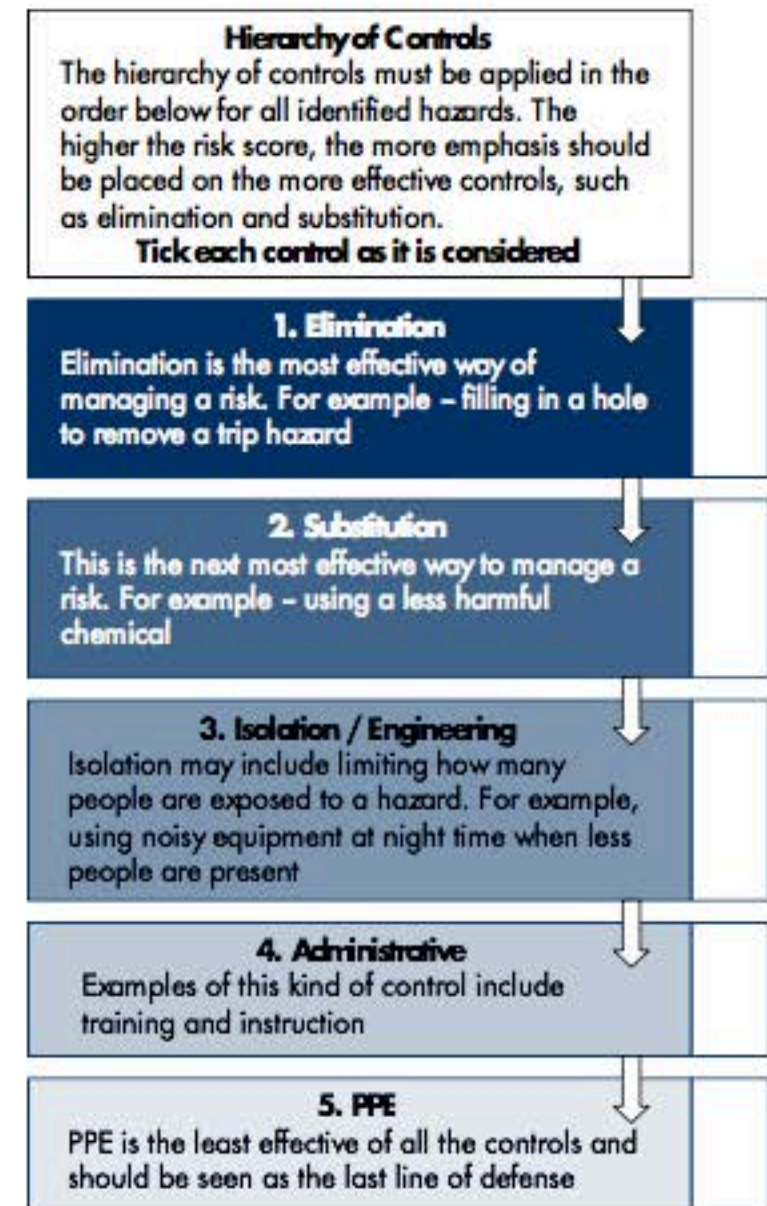
Rev. No.:2



Activity			
Project:			
Company Name:		Contact Name & Position:	
Start Date:		Review Date & No.:	
Author:		Author Title:	
Approved By:		Approved Signature & Date:	
Materials Used:		Equipment Used:	
Resources / Trades involved:		Maintenance Checks:	
OHS / Environmental Legislation:		Codes or Standards Applicable to the Works:	

RISK SCORES:

	Insignificant Level 1	Minor Level 2	Moderate Level 3	Major Level 4	Significant/Catastrophic Level 5
Almost certain	11	16	20	23	25
Likely	7	12	17	21	24
Possible	4	8	13	18	22
Unlikely	2	5	9	14	19
Rare	1	3	6	10	15



1-6=low risk	7-14=medium risk	15-18=high risk	19-25=extreme risk
Risk is considered acceptable. SWMS to be produced. Signed onto by all involved.	Risk is undesirable, SWMS must be produced. Signed onto by all involved.	Risk is unacceptable , Project Manager approval required to proceed	Risk is unacceptable, DO NOT PROCEED, re-engineer task and reduce the risk.