

Appendix 3 – Job Safety Analysis (JSA) Template

The Authorised person, in consultation with the contractor and relevant workers, must complete this form before work begins. This completed form needs to be reviewed whenever the scope, site conditions, personnel, equipment or hazards change, after an incident or near miss, or if a control is ineffective.

Work must not commence or continue until agreed controls are in place.

Work and Contractor Details		
Parish / site	JSA number / version	
Contractor / business	Authorised person	
Work activity / scope		
Exact work location		
Planned date and time	Expected duration	
Persons consulted		
Plant, equipment and substances		
Required licences, competencies, permits or SWMS		
Required PPE		
Emergency and first aid arrangements		

Risk Rating Guide			
Likelihood	1 Rare 3 Possible 5 Almost certain	2 Unlikely 4 Likely	Consequence 1 Insignificant 2 Minor 3 Moderate 4 Major 5 Severe
Risk score	Likelihood × Consequence. Suggested level: 1–4 Low; 5–9 Medium; 10–16 High; 17–25 Extreme. High or Extreme risks require escalation and must not proceed until reduced and authorised.		
Control priority	Eliminate the hazard first. If elimination is not reasonably practicable, reduce the risk using substitution, isolation, engineering controls, administrative controls and PPE, using the highest-level controls reasonably practicable.		



Job Steps, Hazards and Controls							
No.	Job step / sequence	Hazards and possible harm	Initial risk $L \times C =$ score	Controls required	Person responsible	Residual risk $L \times C =$ score	Control verified / date
1							
2							
3							
4							
5							
6							

JSA Authorisation and Worker Acknowledgement			
Outstanding actions / restrictions			
Contractor representative	Name:	Authorised person approval	Name:
	Signature:		Signature:
	Date:		Date:
Worker acknowledgement: I have been consulted on this JSA, understand the job steps, hazards, controls, emergency arrangements and reporting requirements, and agree to stop work and notify the supervisor if conditions change or controls cannot be followed.			
Worker name	Signature	Date	Employer / role
Review Record			
Date / time	Reason for review or change	Changes to hazards or controls	Reviewed and approved by