

JOB SAFETY AND ENVIRONMENT ANALYSIS



JSEA DETAILS							
Job & No.	<i>[Only if job/project specific]</i>			Date Created	Click here to enter a date.	JSEA No.	
Task				Date Reviewed	Click here to enter a date.	Location	
Development Team & Approvals	Division Manager	Name		HSEQ Manager	Name		
		Signature			Signature		
	Client <i>[if required]</i>	Name		Signature		Date	

REQUIREMENTS AND CONSIDERATIONS													
PERMITS / LICENCES		PERSONAL PROTECTIVE EQUIPMENT				VEHICLE		SITE		EMERGENCY		SDS (List Substances)	
<input type="checkbox"/>	Heavy Vehicle	<input type="checkbox"/>	Safety Glasses	<input type="checkbox"/>	Goggles	<input type="checkbox"/>	Two-way Radio	<input type="checkbox"/>	Barricading	<input type="checkbox"/>	Eye Wash Station	<input type="checkbox"/>	
<input type="checkbox"/>	Forklift	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	Arm Protection	<input type="checkbox"/>	Flashing Light	<input type="checkbox"/>	Isolation	<input type="checkbox"/>	Shower Station	<input type="checkbox"/>	
<input type="checkbox"/>	Permit to Work	<input type="checkbox"/>	Helmet	<input type="checkbox"/>	Safety Boots	<input type="checkbox"/>	Reversing Beeper	<input type="checkbox"/>	Waste Bin	<input type="checkbox"/>	Spill Kit	<input type="checkbox"/>	
<input type="checkbox"/>	Excavation Dig	<input type="checkbox"/>	High-vis Shirt	<input type="checkbox"/>	Long Trousers	<input type="checkbox"/>	Spill Kit	<input type="checkbox"/>	Emergency Signs	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	
<input type="checkbox"/>	Controlled Waste	<input type="checkbox"/>	Face Shield	<input type="checkbox"/>	Face/Dust Mask	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	Muster Point	<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>	
<input type="checkbox"/>	Working at Heights	<input type="checkbox"/>	Respirator	<input type="checkbox"/>	Apron	<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>	Induction	<input type="checkbox"/>	Contacts	<input type="checkbox"/>	
<input type="checkbox"/>	Confined Space	<input type="checkbox"/>	Wide Brim Hat	<input type="checkbox"/>	Drinking Water	<input type="checkbox"/>	Cleaning Kit	<input type="checkbox"/>	Site Card	<input type="checkbox"/>	Procedure	<input type="checkbox"/>	
<input type="checkbox"/>	OTHERS:	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	OTHERS:	<input type="checkbox"/>	OTHERS:	<input type="checkbox"/>	OTHERS:	<input type="checkbox"/>	OTHERS:	<input type="checkbox"/>	

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#	JOB STEP	HAZARDS	INITIAL RISK LEVEL	CONTROLS IN PLACE	RESIDUAL RISK LEVEL
1					
2					
3					
4					
5					

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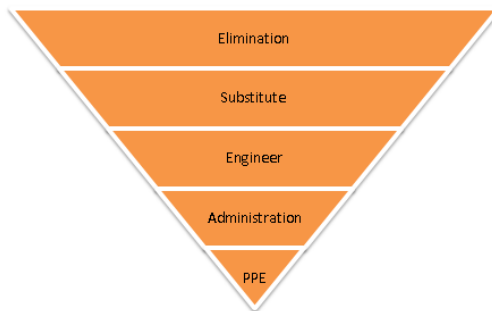
#	JOB STEP	HAZARDS	INITIAL RISK LEVEL	CONTROLS IN PLACE	RESIDUAL RISK LEVEL
6					
7					
8					
9					
10					

JOB SAFETY AND ENVIRONMENT ANALYSIS

JSEA #		Revision No.		Task		Review Date	
Acknowledgement Sheet							
I have either contributed to compiling this Job Safety and Environment Analysis or had the opportunity of reviewing and clarifying with my supervisor any concerns in undertaking this work. I am aware of the safe working requirements and am prepared to comply with them and will report where in my opinion, conditions make the activities unsafe.							
Name _____	Date _____	Signature _____	Name _____	Date _____	Signature _____	Name _____	Date _____
Name _____	Date _____	Signature _____	Name _____	Date _____	Signature _____	Name _____	Date _____
Name _____	Date _____	Signature _____	Name _____	Date _____	Signature _____	Name _____	Date _____
Name _____	Date _____	Signature _____	Name _____	Date _____	Signature _____	Name _____	Date _____
Name _____	Date _____	Signature _____	Name _____	Date _____	Signature _____	Name _____	Date _____
Name _____	Date _____	Signature _____	Name _____	Date _____	Signature _____	Name _____	Date _____

HIERARCHY OF CONTROL

- **Eliminate the hazard:** Redesign the task to eliminate the risk/hazards etc.
- **Substitute the hazard:** Replace materials, equipment or processes with less hazardous ones
- **Engineering control:** Provide mechanical grids, ventilation, guarding, barrier, insulation etc.
- **Administrative control:** Devise policies to reduce the risk of exposure etc.
- **Personal Protective Equipment:** Eye wear, hearing protection, gloves, respirators etc.



RISK MATRIX

LIKELIHOOD	CONSEQUENCES				
	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	H(15)	H(10)	E(6)	E(3)	E(1)
Likely	M(19)	H(14)	H(9)	E(5)	E(2)
Possible	L(22)	M(18)	H(13)	E(8)	E(4)
Unlikely	L(24)	L(21)	M(17)	H(12)	E(7)
Rare	L(25)	L(23)	M(20)	H(16)	H(11)

Please refer to [IPG-1200-G01-201-0001 HSE0 Aspects, Impacts, Hazards, Risks and Opportunities Management Procedure](#) for detailed information in performing a risk assessment and rating risks.