

TASK DETAILS			
Description:		Location:	
		Date:	
JHA CONDUCTED BY:			
AUTHORISATION			
Authorised By:	Name:	Signature:	Date:












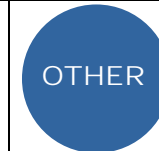
Select applicable Fatal 5 Risk(s)

 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Fall from height	Stored Energy	Collision	Asphyxiation	Entanglement

Select applicable Environmental and Hygiene Considerations

<input type="checkbox"/> Environmental Spills	<input type="checkbox"/> Air Pollution (incl. dust)	<input type="checkbox"/> Noise Pollution	<input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Bio Security (Pests/Weds)	<input type="checkbox"/> Flora & Fauna
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Select Specialised PPE Required

											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goggles	Double Eye Protection	Welding Mask	Face Mask	Respirator	Gas Detector	Gloves	Hearing Protection	Apron	PFD	Fall Protection	

Select Permits Required

<input type="checkbox"/> Working at Heights	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Hot Work	<input type="checkbox"/> Excavation	<input type="checkbox"/> Penetration	<input type="checkbox"/> Rail Corridor	<input type="checkbox"/> Other
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Specify 'other' permits required:

#	Job Steps	Hazards	Controls	Risk Level
1	PREPARATION			
1.1				
1.2				
1.3				

2	STEPS REQUIRED TO COMPLETE THE TASK / JOB			
2.1				
2.2				
2.3				
2.4				
2.5				

3	COMPLETION / DISMANTLE / PACK UP			
3.1				
3.2				
3.3				

4	VARIATION(S) OR OTHER CONSIDERATIONS TO ABOVE (e.g. above steps in Heavy Rain, Lightning, Cold, Wind)			
4.1				
4.2				
4.3				
4.4				
4.5				

5	Emergency Plan	Scenario	Controls	Risk Level
5.1				
5.2				

JHA SIGN ON SHEET					
DAY 1			(Date: / / 20)		
Name		Signature	Name		Signature
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
12			12		
DAY 3			(Date: / / 20)		
Name		Signature	Name		Signature
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
12			12		
DAY 5			NOTE: <ul style="list-style-type: none"> Job Hazard Analysis is a GROUP process Follow the Hierarchy of Controls from the top A JHA must be approved by your supervisor This JHA is valid for a maximum of 5 days This JHA must be reviewed: <ul style="list-style-type: none"> By ALL workers in the group Daily If the job or conditions change If a new hazard is identified If there is a near miss or incident If any worker in the group requests it This JHA must be located/available on the job If this is not a one off job please submit this JHA for conversion to SWI on completion of works. 		
Name		Signature			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

EMERGENCY AND FIRST AID INFORMATION					
What to do in an on the job EMERGENCY:	➤ Immediately raise the alarm	NEAREST First Aid kit		Site Emergency Number	0428 712 111
	➤ Stop all machines or make safe	NEAREST Defibrillator		Emergency Radio Channel	Channel 1
What to do in the event of an EVACUATION:	➤ Administer first aid if required			Terminal Supervisor no.	0447 838 290
	➤ Shut down power sources and make systems safe	NEAREST Fire extinguisher		Supervisor's Phone no.	
	➤ Proceed to nearest safe muster point.			ALTERNATIVE Muster Point	1 2 3 4
	➤ On arrival at muster point, swipe access card				
	➤ Report to the Muster Marshal	NEAREST Muster Point	1 2 3 4		
	➤ Follow instructions from Muster Marshal				



DRSABCD action plan

In an emergency call triple zero (000) for an ambulance 

D DANGER
Ensure the area is safe for yourself, others and the patient.

R RESPONSE
Check for response—ask name—squeeze shoulders
No response
• Send for help.
Response
• make comfortable
• check for injuries
• monitor response.

S SEND for help
Call Triple Zero (000) for an ambulance or ask another person to make the call.

A AIRWAY
Open mouth—if foreign material is present:
• place in the recovery position
• clear airway with fingers.
Open airway by tilting head with chin lift.

B BREATHING
Check for breathing—look, listen and feel.
Not normal breathing
• Start CPR.
Normal breathing
• place in recovery position
• monitor breathing
• manage injuries
• treat for shock.

C CPR
Start CPR—30 chest compressions : 2 breaths
Continue CPR until help arrives or patient recovers.

D DEFIBRILLATION
Apply defibrillator if available and follow voice prompts.

Learn First Aid | 1300 360 455 | www.stjohn.org.au