

ABN: 99 614 895 591

## **Global Traffic Management**

62 Benalla Rd, Shepparton VIC 3630 Ph: (03) 5831 5700 Fax: (03) 5831 5711 Workplace Health & Safety
Job Hazard Analysis - VIC

| JHA is read in                   | line witl      | h VIC Safe    | e W      | ork I             | Method Sta             | itemen                 | ıt –       | F110 GTM V        |          | write      | curr           | ent S             | WMS version  | on            |
|----------------------------------|----------------|---------------|----------|-------------------|------------------------|------------------------|------------|-------------------|----------|------------|----------------|-------------------|--------------|---------------|
| Date                             | Clie           | Client Name   |          |                   |                        | Person Completing Form |            |                   |          |            |                |                   |              |               |
| Site Address                     | •              | Job#          |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| JSA Developed/Rev By:            | Nish Liya      | nage - VIC    | Coi      | mplia             | nce Officer            |                        | JS         | A Approved by: Z  | yra N    | 1eka - M   | anagi          | ng Dii            | rector       |               |
| Description of Job               |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| PPE is Required                  | Safety Boots   |               | ots      | s Hi Viz Vest     |                        |                        | Long Shirt |                   | l        | Long Pants |                |                   | Hard Hat     |               |
| ·                                |                | Gloves        |          | Ear Protec        |                        | tion                   |            | Safety Glasses    |          | Dust Mask  |                |                   |              |               |
| Training                         | Red/White Card |               | rd       | Traffic Ma        |                        | nageme                 | nt I       | RIIWHS205D & RI   | IWHS     | 302D       | F              | First Aid Level 2 |              |               |
| J                                |                | CTN 4 I I I   |          | Charles de la con |                        |                        |            |                   |          |            |                |                   |              |               |
|                                  | GTM            | GTM Induction |          |                   | Checked by:            |                        |            |                   |          | Signature: |                |                   |              |               |
| Specific inductions              |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
|                                  |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              | J.            |
| MANDATORY CHECKS - F             | PRIOR TO       | LEAVING       | DEF      | РОТ               |                        |                        |            |                   |          |            |                |                   |              |               |
| Write details of informat        |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| Write details or informat        | on check       | ·cu           |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| Site specific TMP No. & D        | ate or G       | eneric TMF    | <b>-</b> |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| MOA – RWE No & Expiry            |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| No of signage required as        |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| Fire extinguisher                | ·              | Aid Kit       |          | Sun               | screen30+              | G                      | ne         | ric TMP available | 1        | Checke     | ad by          |                   | Signature:   | $\overline{}$ |
| Water                            | Food           |               |          |                   | Л Pre-Start n          |                        |            |                   |          | CHECK      | eu by.         | •                 | Signature.   |               |
| water                            | 1000           | u             |          | OII               | VIFIE-Start II         | neeting                | пе         | u by.             |          |            |                |                   |              |               |
|                                  |                |               |          |                   |                        | ·                      |            |                   |          |            |                |                   |              |               |
| CHECK'S THAT NEED TO             |                |               |          | IOL               | EAVING JOB             | SIIE                   |            |                   |          |            |                |                   |              |               |
| Have you collected all sig       |                | d equipmei    | nt?      |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| Have you cleaned up all r        |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| Have you contacted clien         | t prior to     | leaving si    | te, r    | name              | of contact             |                        |            |                   |          |            |                |                   |              |               |
| and what time?                   |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| Is all equipment safely se       |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| Give details of any incide       | nts occur      | red on site   | е        |                   |                        |                        |            |                   |          |            |                |                   |              |               |
|                                  |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
|                                  |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
|                                  |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| Has an incident report be        | en comp        | leted? WI     | hen      | ? Sul             | omitted to             |                        |            |                   |          |            |                |                   |              |               |
| whom?                            | •              |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| What time was the job completed? |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| ,                                |                |               |          |                   |                        | I                      |            |                   |          |            |                |                   |              |               |
| Standards, Codes of Prac         | tice Lea       | islation:     |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
|                                  |                |               |          | 1                 | 2007.0                 | 1.0.4                  |            |                   | <u> </u> | 0(0 1      |                |                   |              |               |
| Victorian OH&S ACT 2004          |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| Traffic Management, Aus          |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| Roads, AS 4801:2001, ISC         |                |               |          |                   | 4, AS 1742.3           | , COP-N                | IOIS       | e Management a    | na Pr    | otection   | or ne          | earing            | at work, CO  | Р             |
| Manual Handling, COP Fi          | rst aid in     | the workp     | nace     | <del>2</del> .    |                        |                        |            |                   |          |            |                |                   |              |               |
|                                  |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| EVERY MEMBER OF THE GTM \        |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
| A REPRESENTATIVE FROM THE        |                |               |          | HALF              | <b>OF ALL</b> THE CLIE | ENT/CON                | TRA        | CTOR TEAM MEMBER  | RS MU    | ST SIGN TH | E <b>JHA I</b> | FORM              | TO ACKNOWLED | GE            |
| THEIR AWARENESS, UNDERSTA        | NDING & P      | ARTICIPATIO   | N        |                   |                        |                        |            |                   |          |            |                |                   |              |               |
|                                  |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
|                                  |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
|                                  |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |
|                                  |                |               |          |                   |                        |                        | _          |                   |          |            |                |                   |              |               |
| Client Representative            |                | I             |          |                   |                        |                        |            |                   |          |            | 1              |                   |              |               |
| Cheffi Nepreselliative           |                |               |          |                   |                        |                        |            |                   |          |            |                |                   |              |               |



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| MANDATORY CHECKS - PRIOR TO START OF JOB                                |         |          |  |  |  |  |  |  |
|---|---------|----------|--|--|--|--|--|--|
| Potential Hazards/Risks   | Hazards | Controls |  |  |  |  |  |  |
| Manual Handling   |         |          |  |  |  |  |  |  |
| Plant & Equipment   |         |          |  |  |  |  |  |  |
| Environmental   |         |          |  |  |  |  |  |  |
| Slips / trip /falls   |         |          |  |  |  |  |  |  |
| Weather   |         |          |  |  |  |  |  |  |
| Hazardous Materials / Substances  |         |          |  |  |  |  |  |  |
| Health Hazards  |         |          |  |  |  |  |  |  |
| Pedestrians & Disabled  |         |          |  |  |  |  |  |  |
| Traffic hazards   |         |          |  |  |  |  |  |  |
| Driver attention  |         |          |  |  |  |  |  |  |
| Condition of road   |         |          |  |  |  |  |  |  |
| Work vehicles entering and leaving work site                            |         |          |  |  |  |  |  |  |
|   |         |          |  |  |  |  |  |  |
| Adequate signage and equipment? If no contact supervisor                |         |          |  |  |  |  |  |  |
| Setup of required traffic management controls                           |         |          |  |  |  |  |  |  |
| Questions from workers addressed and what action taken?                 |         |          |  |  |  |  |  |  |
| SITE checked that TMP is checked and accurate? If No what action taken? |         |          |  |  |  |  |  |  |
| Any changes to TMP, who changed and what changes?                       |         |          |  |  |  |  |  |  |
| Additional Comments   |         |          |  |  |  |  |  |  |
|   |         |          |  |  |  |  |  |  |
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