

## **BENASH MAINTENANCE SERVICES**

## Job Safety Analysis Worksheet

| Job                            | Number: ST61691   |                 |                |               |                | <b>Date:</b> 29/09/2020              |      |
|--------------------------------|---|-----------------|----------------|---------------|----------------|--------------------------------------|------|
| Clier                          | nt Name: Evolve FM  |                 |                |               |                | Client Reference: V<br>Order #110957 | Vork |
| Site                           | Name: Kalano Commւ  | ınity Aged Car  | e - 1 Maili Dr |               |                |                                      |      |
| Pern                           | nit to Work Required:   |                 | ☐ YES          |               | <b>√</b> NO    |                                      |      |
|                                | <b>ks Required</b> : Conduct<br>s Kalano Flexi Care - S           | •               |                | ıring the 6 N | Monthly Servic | e of Emergency and E                 | xit  |
| <u>HAZARDS</u>                 |   |                 |                |               |                |                                      |      |
|                                | Electrical Work Includi   | ng Fault Findir | ng             |               |                |                                      |      |
|                                | Working above 1.8 meters  |                 |                |               |                |                                      |      |
|                                | Excessive Noise   |                 |                |               |                |                                      |      |
|                                | Excessive Manual Handling   |                 |                |               |                |                                      |      |
|                                | Working at Heights  |                 |                |               |                |                                      |      |
|                                | Significant Affects to C  | lient or Public | ;              |               |                |                                      |      |
| SWIMS and RISK CONTROL MEASURE |   |                 |                |               |                |                                      |      |
|                                | Isolation   |                 |                |               |                |                                      |      |
|                                | EWP   |                 |                |               |                |                                      |      |
| $\checkmark$                   | Heights   |                 |                |               |                |                                      |      |
|                                | Ladders and Mobile Scaffold                                       |                 |                |               |                |                                      |      |
|                                | Live Testing of Electrical Equipment                              |                 |                |               |                |                                      |      |
|                                | Manual Handling   |                 |                |               |                |                                      |      |
|                                | Rough In and Fit Off  |                 |                |               |                |                                      |      |
|                                | Terminations  |                 |                |               |                |                                      |      |
|                                | Barricade Work Area Warning Signs                                 |                 |                |               |                |                                      |      |
|                                | PPE   |                 |                |               |                |                                      |      |
|                                | Identified Hazards Must Be Actioned Prior to Commencement of Work |                 |                |               |                |                                      |      |
| I hav                          | e read, understand and  | agree to the    | procedures and | controls do   | cumented       |                                      |      |
| Name of Worker on Job:         |   | Benjamin Tra    | ttles          |               |                |                                      |      |
| Worker's Signature:            |   | Jeff H          | 7              |               |                |                                      |      |
| Customer Name:                 |   | Pat             |                |               |                |                                      |      |
| Customer Signature:            |   | Maler           | 15             |               |                |                                      |      |

Page 1 of 1 Version 6.1