

	<h1>JSEA Form</h1>	Print Date: 29/11/19
		Issue: 1
SOP-5255		

Work Details					
Site	Nufarm – Pipe Road	Date	18-10-2018	Permit to Work required:	Yes / No Please circle
Plant/Area	Storage Tank Area – MIPA Isotainer Hi Level Switch I_LSH_0144				
Scope of Work	Remove and Check Condition of High Level Switch, Test and Calibration of Unit and Reinstallation PM-1072				
JSEA Team Members	Name		Company Name or Nufarm Department		
Emergency Response	UHF Radio: Unit 4				
	Telephone: Site Supervisor 0408-144-663				
	Other:				

Safety Critical Controls & Bow Ties					
What are the Safety Critical Controls affected?	I_LSH_0144	Which MI Scenario?	Loss Of Containment of MIPA	What are the Bow Ties that are being used?	R.0000338 MI 7B

Dangerous Goods & Hazardous Substances			
(Complete when chemical exposure is identified as a hazard and PPE Matrix to be attached- Refer to section 2 of an SDS)			
DG Code	Substance Name	Hazardous Health Effects	Listed on PPE Matrix
8787	Monoisopropylamine	Extremely Flammable Liquid and Vapor, Toxic if swallowed, Toxic in Contact with skin, Toxic if inhaled, Causes severe skin burns and eye damage, Causes serious eye damage, May Cause respiratory	YES

JSEA Approval							
Overall Risk associated with JSEA Highest residual risk – this can only be determined after the rest of the JSEA is completed. Please circle one		Permit Issuer, Supervisor or HSE Team Approves		Shift Manager Approves		Department Head Approves	
						Site Manager Approves	
Approved By:		Position of approving person:		Date Approved:		Signature of Approver:	

Potential Hazards associated with the activity or task					
Identify each of the hazards associated with the activity or task and the site-specific hazards by placing a tick (✓) in the yes box if the hazard is present or potentially present and a tick (✗) in the no box if not.					
Work Environment	Energy	Work Process	Chemicals	Plant/Equipment	People

Site: Australia	Author: D Brown	Sign/Date:	Issue Date: July 2018	Page 1 of 5
Applies to: Australia	Approved by R Truter	Sign/Date:	Review Date: July 2020	
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	Yes	No		Yes	No		Yes	No		Yes	No		Yes	No		Yes	No
Entry/Exit – Access/Egress	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Working at Heights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hazardous/Dangerous Chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elevated Work Platform	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reduced Light	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Temp. Extremes/Weather	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weight (i.e. Loaded pallets, storage tanks, silos)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Falling Objects	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Planned LOC (Gas, Liquid, Solid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work outside of 'normal' hours	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Confined Spaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elastic/Kinetic Stored Energy (Cables, Slings)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet Metal Work & Welding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toxic Substances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Excavators	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fatigue	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excavations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>	High Noise Levels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inhalation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant Movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stress	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Oxygen Atmospheric Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electricity/HV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scaffold/Ladders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Skin/Eye Contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOTO/Valves	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Working alone/Lone Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Remote Site / Difficult Rescue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electricity/ LV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Manual Handling/Ergonomics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dust/Liquid/Solids	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Energized Plant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fitness for Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Near Road Movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hydraulic Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Height Access	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contaminated Fluids	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rotating Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Multi Person Task	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sharp Materials/Objects	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compressed Air	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Suspended Loads	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fuels/Oils	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tools/Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mundane Task	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor Lighting/Visibility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Radiation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Commissioning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fumes/Vapours	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Guarding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Arduous Task	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Slips, Trips & Falls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steam	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIMOPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contaminated soil/groundwater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Temperature Extremes of Process Lines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Breakdown Response	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vehicles/People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Oxy-Acetylene Bottles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waste generation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flammable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cranes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Worker new to site	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Erosion/Flora/Fauna	<input type="checkbox"/>	<input checked="" type="checkbox"/>													Worker has not performed task in previous 12 months	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Personal Protective Equipment Required

Please select PPE required for the entire task and enter the type. If certain PPE is only required for certain steps, this PPE must be listed as the controls for that step. Stating refer to PPE Matrix is not acceptable.

Site PPE Requirements	Safety Footwear (AS/NZ 2210.3)	Safety Eyewear (AS/NZ 1801)	Face Shield	Gloves	Fall Restraint / Arrest	Hearing	Dust Mask	Respirator (Positive & Negative)	Suit	Other	Other	Other
<input checked="" 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"/>	<input type="checkbox"/>
Type: Site PPE	Type:	Type:	Type:	Type:	Type:	Type:	Type:	Type:	Type:	Type:	Type:	Type:


	Yes	No		Yes	No		Yes	No		Yes	No
Ground Conditions (uneven, wet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Traffic Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Environmental conditions (Weather)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Working on the ground or on a solid construction (With a permanently fixed means of access)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Swing Fall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Overhead Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Anchor Rating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Passive Fall Prevention Device – includes scaffolds, mobile platforms, EWPs (incl fixed work platforms, scissor lifts, cherry pickers, step platforms, building maintenance units and forklift mancages or work boxes), safety mesh, purlin trolleys & guard rails/edge or perimeter protection systems.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Live electrical equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Surrounding Operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hazardous Piping in the area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work Positioning System - e.g. industrial rope access system or travel restraint system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Freefall Distance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Crushing Hazard	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fall Arrest System – safety net, catch platform, interconnecting elements most typically an engineered anchor point, a safety harness and a lanyard	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									Ladders (fixed or platform) and Administration Controls – refer to Safe Use of Ladders package for more information	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									Spotter Required	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									Barricading Required	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Emergency Response Plan An Emergency Response Plan must be completed for any works with a fall risk of greater than 2m or when a harness is required to be worn. This may include Radios. Support Persons, First Aid Response and other appropriate skills such as EWP operations, PPE, etc.
N/A

JSEA Work Method					
Job Step	Hazards/Risks		Controls	Risk Rating	By Who
Provide a step by step breakdown of the task	List all the hazards associated with the step		Measures that need to be taken to eliminate or minimise the risk associated with each hazard		

			Low, Medium, Significant or High		
Review JSEA, Apply LOTO (including instrument loop power) and setup barricading around work area. Issue a Permit To Work and conduct a Take 5	Chemical exposure, Burns, skin irritation	Wear chemical resistant gloves while applying LOTO	Low	Permit Issuer/Permit Acceptor	
	Trip, slip on uneven work surfaces and poor access	Be aware of surroundings, especially around bunds and stairs, ladders and steps, and ground level piping	Low	Permit Issuer/Permit Acceptor	
	Pedestrian traffic	Barricade the work area and alert all workers/operators in the area that high risk line breaks are going to be taken place in the barricaded area	Low	Permit Issuer/Permit Acceptor	
			Choose an item.		
Disconnect the cables from all instruments to be removed	Chemical exposure, Burns, skin irritation	Wear chemical resistant gloves while doing task	Low	Permit Issuer/Permit Acceptor	
	Manual handling, personal injury/strain	use the correct tools for the job and do the job at a slow steady pace and maintain a comfortable working posture	Low	Permit Issuer/Permit Acceptor	
			Choose an item.		
Put on PPE as per PPE matrix	Cuts or rips in PPE, Chemical exposure / inhalation	Ensure that your PPE is up to the best standard which means, no tears, rips etc.	Low	Permit Issuer/Permit Acceptor	
	Weather Conditions If Hot – Heat Fatigue	Drink Plenty of water leading up to the job, remain hydrated and stop every 20 minutes for a break while in full PPE Hydrolyte in Store for use also	Low	Permit Issuer/Permit Acceptor / Task Performer	
			Choose an item.		
Climb into position to access the instruments	Trip or Fall	Be aware of surroundings, especially around bunds and stairs, ladders and steps, and ground level piping, maintain 3 points of contact	Low	Permit Issuer/Permit Acceptor	
			Choose an item.		
Perform the line break, remove the instrument and install cap / plug / blank where required.	Chemical exposure, Chemical Burns, Skin Irritation, Death	The person doing the line break must be line break trained and authorised and be line break supervised by the appropriate personnel. Supervisor to be present until worker removes the instrument. Maintain LOTO, Barricading & PPE.	Medium	Line break supervisor/Permit Acceptor / Task Performer	
	Trip, slip on uneven worksurface and poor access Trip or Fall Injury.	Be aware of surroundings, especially around bunds and stairs, ladders and steps, and ground level piping, maintain 3 points of contact	Low	Permit Issuer/Permit Acceptor	
	Manual handling, personal injury/strain	use the correct tools for the job and do the job at a slow steady pace and maintain a comfortable working posture	Low	Permit Issuer/Permit Acceptor	

			Choose an item.		
Remove PPE	Chemical exposure, Chemical Burns, Skin Irritation	Wear chemical resistant gloves	Low	Permit Acceptor / Task Performer	
			Choose an item.		
			Choose an item.		
Clean, wash the instrument and take it back to the workshop for calibration / inspection	Trip, slip on uneven worksurface and poor access	Be aware of surroundings, especially around bunds and stairs, ladders and steps, and ground level piping	Low	Line break supervisor/Permit Acceptor / Task Performer	
	Manual handling - personnel injury/strain	use the correct manual handling techniques	Low	Permit Acceptor / Task Performer	
	Chemical exposure, burns, skin irritation	Wear chemical resistant gloves	Low	Permit Acceptor / Task Performer	
			Choose an item.		
Return Instruments to Plant	Trip, slip on uneven worksurface and poor access	Be aware of surroundings, especially around bunds and stairs, ladders and steps, and ground level piping	Low	Line break supervisor/Permit Acceptor / Task Performer	
	Manual handling - personnel injury/strain	use the correct manual handling techniques	Low	Permit Acceptor / Task Performer	
			Choose an item.		
Put on PPE as per PPE matrix	Cuts or rips in PPE, Chemical exposure / inhalation	Ensure that your PPE is up to the best standard which means, no tears, rips etc.	Low	Line break supervisor/Permit Acceptor / Task Performer	
	Weather Conditions If Hot – Heat Fatigue	Drink Plenty of water leading up to the job, remain hydrated and stop every 20 minutes for a break while in full PPE Hydrolyte in Store for use also	Low	Line break supervisor/Permit Acceptor / Task Performer	
			Choose an item.		
Perform the line break, remove the instrument and install cap / plug / blank where required.	Chemical exposure, Chemical Burns, Skin Irritation, Death	The person doing the line break must be line break trained and authorised and be line break supervised by the appropriate personnel. Supervisor to be present until worker removes the instrument. Maintain LOTO, Barricading & PPE.	Medium	Line break supervisor/Permit Acceptor / Task Performer	
	Trip, slip on uneven worksurface and poor access Trip or Fall Injury.	Be aware of surroundings, especially around bunds and stairs, ladders and steps, and ground level piping, maintain 3 points of contact	Low	Line break supervisor/Permit Acceptor / Task Performer	
	Manual handling, personal injury/strain	use the correct tools for the job and do the job at a slow steady pace and maintain a comfortable working posture	Low	Line break supervisor/Permit	

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				Acceptor / Task Performer	
			Choose an item.		
Remove PPE	Chemical exposure, Chemical Burns, Skin Irritation	Wear chemical resistant gloves	Low	Permit Acceptor / Task Performer	
			Choose an item.		
			Choose an item.		
Sign off Permit To Work, Remove LOTO and Barricading from around your work area	Chemical exposure, burns, skin irritation	Wear chemical resistant gloves while removing LOTO	Low	Permit Acceptor / Task Performer	
	Trip, slip on uneven work surfaces and poor access	Be aware of surroundings, especially around bunds and stairs, ladders and steps, and ground level piping	Low	Permit Acceptor / Task Performer	
			Choose an item.		
Clean up and pack away tools and equipment	Chemical exposure, burns, skin irritation	Wear chemical resistant gloves while cleaning up	Low	Permit Acceptor / Task Performer	
	Trip, slip on uneven work surfaces and poor access	Be aware of surroundings, especially around bunds and stairs, ladders and steps, and ground level piping	Low	Permit Acceptor / Task Performer	
			Choose an item.		
			Choose an item.		
			Choose an item.		
			Choose an item.		
			Choose an item.		
Return to Service Provide a step by step breakdown of the task	Hazards/Risks List all the hazards associated with the step	Controls Measures that need to be taken to eliminate or minimise the risk associated with each hazard	Risk Rating Low, Medium, Significant or High	By Who	Initial when done
After De-Isolation – Turn on all services which will allowed the item to be tested in a safe state	Product Leakage / Product Flowing Threw Device	Make Sure area is clear and have watcher on Two way radio to Control Room for Testing Deivce	Low	Permit Acceptor / Task Performer	
		Leave Valve closed to product will not flow	Low	Permit Acceptor / Task Performer	
			Choose an item.		

Sign on for Work

I understand and agree to the conditions of this JSEA

Print Name	Job Title	Signature	Date	Print Name	Job Title	Signature	Date
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Applies to: Australia	Approved by: R Truter	Review Date: July 2020	

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	Instrument & Electrical Tech						

Risk Management Tool											
Likelihood		Consequence								Risk Acceptance	
Category	Definition	Category	Definition	Consequence	(B) Very Likley	(C) Likley	(D) Occasional	(E) Unlikley	(F) Very Unlikley	Category	Risk Acceptance Requirements
B	Very Likley (occurs on a daily basis)	2	Major - Fatality or Life Threatening Injuries	(2) Major	HIGH	HIGH	HIGH	HIGH	SIGNIFICANT	HIGH	Site Manager
C	Likely (expected to occur within 6 months)	3	Severe - Pemanent Disabilities	(3) Servere	HIGH	HIGH	SIGNIFICANT	SIGNIFICANT	MEDIUM	SIGNIFICANT	Department Manager
D	Occasional (Excepted to occur within the next year)	4	Serious - Medical Treatment or Lost Time Injury	(4) Serious	HIGH	SIGNIFICANT	MEDIUM	MEDIUM	LOW	MEDIUM	Shift Manager
E	Unlikley (unlikley to occur within the next 5 years)	5	Moderate - First Aid Injury	(5) Moderate	SIGNIFICANT	MEDIUM	MEDIUM	LOW	LOW	LOW	Permit Issuer, Supervisor or HSE Team Member
F	Very Unlikley (unlikley to occur within the next 100 years)	6	Report Only Injury, Neart Miss, Close Call or UIR	(6) Minor	MEDIUM	MEDIUM	LOW	LOW	LOW		

Table of Revisions

Rev. No.	Date Revised	Revised By	Revisions Made
1	July 2018	Debra Brown	Reformatted to Word version, revised corporate risk matrix inserted. Approved by MOC 6974

