

	Health, Safety & Environmental Management System	Doc No: PA-HSE 002	
	Job Safety Analysis (JSA)	Rev No: C1	
		Rev Date: 05/05/2021	

1 JOB DETAILS					
Date:		Time:		Issue Based RA No.:	
Job Location: KING WILLIAMS TOWN		Task/s:			
JSA Team Leader CR 8(2) / CR 8(7)	Name:	Signature:		Emergency Contact (Name & Phone No.)	
JSA Development Team Members:	HSE Rep:	Emergency Coordinator:			
	First Aider:	Fire Fighter:			

2 PERMITS									
Will Permits be required? <input type="checkbox"/> Yes <input type="checkbox"/> No Refer to local site requirements on permit conditions) (Please tick relevant permits)									
	Permit to Work Have all contractors been approved. Have all employees been inducted		<input type="checkbox"/> Hot Work Activities that generate an ignition source		<input type="checkbox"/> Isolation / Lock Out Activities that require a group isolation for energy sources		<input type="checkbox"/> Power line Servitude Activities within 10m of a power line servitude		<input type="checkbox"/> Working at Heights Activities that require work near an unprotected edge
	<input type="checkbox"/> Rigging Study Complex lifts or lifts over 5 Tons		<input type="checkbox"/> Man Cage Activities that require use of a Man Cage with a crane		<input type="checkbox"/> Excavation / Penetration Activities that require excavation or penetration into walls				
	<input type="checkbox"/> Other Permits:								

3 OTHER REQUIREMENTS (Please tick relevant requirements)									
	<input type="checkbox"/> Fire Equipment		<input type="checkbox"/> Emergency Shower & Eye Wash		<input type="checkbox"/> First Aid		<input type="checkbox"/> Spill Kit		<input type="checkbox"/> Lightning Detector
	<input type="checkbox"/> Comms		<input type="checkbox"/> Gas Monitor		<input type="checkbox"/> Safety Data Sheets		<input type="checkbox"/> Lifting Tackle Certified, inspected & colour coded		<input type="checkbox"/> Signage
	<input type="checkbox"/> Barricading & Bollards		<input type="checkbox"/> Other:						

4 LICENSES & COMPETENCIES Will specific licenses or competencies be required? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick relevant qualifications)									
	<input type="checkbox"/> Trucks		<input type="checkbox"/> Mobile Equipment		<input type="checkbox"/> Cranes & Hoists		<input type="checkbox"/> Banksman & Rigger		<input type="checkbox"/> Elevated Work Platform
	<input type="checkbox"/> Scaffolding		<input type="checkbox"/> Trades		<input type="checkbox"/> Other:				

5 HAZARDS (Please Tick) Key: Health & Safety Hazard Environmental Impact Community Impact									
	<input checked="" type="checkbox"/> Trip hazards <input type="checkbox"/> Slip hazards <input type="checkbox"/> Working at heights		<input type="checkbox"/> Falling objects <input type="checkbox"/> Suspended loads <input type="checkbox"/> Unstable objects		<input checked="" type="checkbox"/> Compressed air <input type="checkbox"/> Elastic energy <input type="checkbox"/> Pressurised fluids		<input type="checkbox"/> Night work <input type="checkbox"/> Poor lighting		<input type="checkbox"/> Surface water <input type="checkbox"/> Groundwater
	<input checked="" type="checkbox"/> Rotating parts <input type="checkbox"/> Shear points <input checked="" type="checkbox"/> Cut, crush & impact		<input type="checkbox"/> Power lines <input type="checkbox"/> Electrical equipment <input type="checkbox"/> Water v Electricity		<input type="checkbox"/> Lightning storms <input type="checkbox"/> High winds <input type="checkbox"/> Heavy rain		<input type="checkbox"/> Working near water <input type="checkbox"/> Engulfment		<input type="checkbox"/> Indigenous flora <input type="checkbox"/> Indigenous fauna <input type="checkbox"/> Weeds/Pests



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- ☒ Inhalation
- ☒ Contact with skin/eyes
- ☒ Ingestion



- ☐ Explosive
- ☐ Flammable / combustible
- ☐ Ignition source



- ☐ Heavy load / Manual Handling
- ☐ Awkward posture
- ☐ Repetitive work



- ☒ Road conditions
- ☒ Driving behaviour
- ☐ Fitness for work



- ☐ Soil contamination
- ☐ Soil loss/erosion
- ☐ Silting/deposition

5 HAZARDS		(Please Tick)		Key: Health & Safety Hazard Environmental Impact Community Impact	
<input checked="" type="checkbox"/> Dangerous excavations <input type="checkbox"/> Plant near excavations <input type="checkbox"/> Spoil near excavation	<input type="checkbox"/> Falls from height <input type="checkbox"/> Collapse <input type="checkbox"/> Not as per design	<input checked="" type="checkbox"/> Man Machine Interface <input type="checkbox"/> Non-Compliant machines / Operators <input checked="" type="checkbox"/> Road conditions	<input checked="" type="checkbox"/> High noise levels <input checked="" type="checkbox"/> Constant noise	<input checked="" type="checkbox"/> Environmental dust <input type="checkbox"/> Environmental noise	
<input type="checkbox"/> Dangerous animals <input type="checkbox"/> Venomous animals <input type="checkbox"/> Bites/stings	<input type="checkbox"/> Dust exposure <input type="checkbox"/> Asbestos/mineral fibres <input type="checkbox"/> Silica dust	<input type="checkbox"/> Remote work <input type="checkbox"/> Lone work	<input type="checkbox"/> Neighbour complaints <input type="checkbox"/> Community riot <input type="checkbox"/> Labour unrest	<input type="checkbox"/> Litter <input type="checkbox"/> Solid waste <input type="checkbox"/> Resource waste	

6 FATALITY RISK (Please tick any of the following activities that will be undertaken as part of the task. Refer to group procedures for specific requirements)					
<input type="checkbox"/> Lifting Operations	<input type="checkbox"/> Surface Mobile Equipment	<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Light Vehicle Operation	<input type="checkbox"/> Working at Heights	
<input type="checkbox"/> Plant Isolation					

7 LINE OF FIRE (Mark areas of body exposed to "line of fire")	
	<p>Whole Body <input checked="" type="checkbox"/></p>

8 PERSONAL PROTECTIVE EQUIPMENT (In Addition to mandatory site PPE please tick required PPE)							
<input checked="" type="checkbox"/> Safety Goggles	<input type="checkbox"/> Face shield	<input type="checkbox"/> Welding Shield	<input checked="" type="checkbox"/> Mandatory PPE	<input checked="" type="checkbox"/> Hard Hat	<input checked="" type="checkbox"/> Hearing Protection		
<input type="checkbox"/> Splash Suit	<input type="checkbox"/> Buoyancy Vest	<input type="checkbox"/> High Voltage Equipment	<input type="checkbox"/> Fall Arrest	<input checked="" type="checkbox"/> Dust Mask	<input type="checkbox"/> Respirator		
<input type="checkbox"/> Other:							



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WORKSHEET

Worksheet No.:

1

of

Activity

Hazard

Planned Controls

Risk Assessment

No.

(What task are you performing?)

(What could cause harm?)

(How do you prevent harm?)

Probability

Severity/
Loss

Risk

Drilling of holes

Dust &
Noise

Wearing mandator
PPE



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WORKSHEET CHANGE MANAGEMENT – COMPULSORY AFTER LUNCH STOP & ASSESSMENT				Worksheet No.: 1 of		
No.	Activity (What task are you performing?)	Hazard (What could cause harm?)	Planned Controls (How do you prevent harm?)	Risk Assessment		
				Probability	Severity/ Loss	Risk

* Refer to the page for the risk matrix, hierarchy of controls and risk acceptance criteria

11 JSA AUTHORISATION (Must be completed by Supervisor prior to Commencement of Work)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	The correct JSA process has been followed	
<input type="checkbox"/> Yes <input type="checkbox"/> No	There has been adequate consultation	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazards have been adequately identified	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazards have been adequately addressed by controls	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Controls for fatality risks have been verified	
Name: _____ Signature: _____ Date: _____		

By Signing on to this JSA, I have read and understood the JSA and satisfied the risks are as low as reasonably practicable)

12 MANAGEMENT OF CHANGE / REVISION – This section is compulsory after lunch or when changes occur (As the JSA is amended enter summary details of the change)		
Date	Time	Change



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WORKGROUP SIGN-ON (To be signed by all persons involved in task)

[illegible]



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Rating

- A = The job was carried out as planned without any incidents or near hits
- B = The job was carried out but resulted in an accident that could have caused harm to people, the environment or the community
- C = The job was carried out but resulted in an incident causing harm to people, the environment or the community

Could you do differently next time?

RISK MATRIX

Likelihood	Score	SEVERITY/CONSEQUENCE (SV/Con)				(Score)
		Safety	Health	Environmental	Legal & Regulatory	
Common Occurrence; 100% Chance; occurred more than once per year	5	Multiple Fatalities/ More than R2.5 Mil	Multiple Fatalities	Irreversible damage and/or permanent impact on environment	Major breach of the Law; considerable prosecution and penalties	5
Has Happened Before - 75% Chance	4	Fatality/ R500 000 to R2.5 Mil	Single Fatality, Occupational injuries - unemployable	Long term damage and/or widespread impact on environment	Major legal issue; noncompliance and breaches of the Law	5
Could Occur - 50% Chance	3	Amputation/Disabling Injury; R250 000 to R500 000	Permanent ill health defect; An occupational illness requiring removal from normal work duties.	Long term eco disturbance and/or significant impact on environment	Very considerable penalties & prosecutions. Multiple law suits & jail terms	5
Not Likely - 25% Chance	2	LTI/Medical Treatment Case; R50 000 to R 250 000	Lost Time Case; An occupational illness monitored by a medical practitioner. The person can continue with his normal duty.	Any justifiable complaint. Incident or spillage not contained, on site pollution, short term damage.	Serious breach of Law; investigation/report to authority/prosecution and/or moderate penalty possible	5
Practically impossible - <5% Chance	1	First Aid/Minor injury; resume work; Less than R50 000	Minor ill Health Case; Might Require Monitoring; Exposure of a health risk reported.	Ecological stress and/or nuisance to environment.	Lower level Legal issue	1

Risk Rating

RISK RATING		Probability				
		1	2	3	4	5
Severity	1	1	3	6	10	15
	2	2	5	9	14	19
	3	4	8	13	18	22
	4	7	12	17	21	24
	5	11	16	20	23	25