

WASTE AUDIT JOB SAFETY AND ENVIRONMENTAL ANALYSIS

PROJECT NAME		JSEA NUMBER	
WORK ACTIVITY DESCRIPTION			
LOCATION		PLANNED COMMENCEMENT DATE	
PROJECT MANAGER / CO-ORDINATOR		SIGNATURE	

NOTE: Work must be performed in accordance with this JSEA. This JSEA must be kept and be available for inspection until the high risk construction work to which this JSEA relates is completed. If the JSEA is revised, all versions should be kept. If a notifiable incident occurs in relation to the high risk construction work in this JSEA, the JSEA must be kept for at least 5 years from the date of the notifiable incident.

HIGH RISK ACTIVITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Risk of a person falling more than 2 metres (<i>Note: in some jurisdictions this is 3 metres</i>)
		<input type="checkbox"/> Likely to involve disturbing asbestos
		<input type="checkbox"/> Work with waste materials
		<input type="checkbox"/> Work on or near chemical, fuel or refrigerant lines
		<input type="checkbox"/> Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians
		<input type="checkbox"/> Work in areas with extremes of temperature

PERSONNEL QUALIFICATIONS REQUIRED FOR THIS ACTIVITY:	None
SPECIFIC TRAINING REQUIRED FOR THIS ACTIVITY:	
WARNING SIGNS AND CONTROL MEASURES:	

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PERSONAL PROTECTIVE CLOTHING AND EQUIPMENT REQUIRED

Tick applicable boxes after completing task descriptions and hazard control measures.

											
Hard hat Hi-vis vest Safety boots	Eye protection	Hand protection	Ear protection	Life jacket	Protective clothing	Dust mask	Fall protection	Face protection	Respirator	Gas detector	Tripod (confined space)
<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"/>

TASK SPECIFIC PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIREMENTS:

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RISK ASSESSMENT MATRIX					
Likelihood					
Consequence	Rare Likely to occur in very exceptional circumstances	Unlikely Could occur at some time	Possible May occur at some time	Likely Will probably occur or has happened before	Almost Certain Expected to occur
Insignificant No personal injury, no adverse outcomes	1 - Very low	2 - Very low	4 - Low	7 - Medium	11 - Medium
Minor Minor injury (first aid treatment) and adverse outcomes	3 - Very low	5 - Low	8 - Medium	12 - Medium	16 - High
Moderate Serious injury (medical treatment) adverse outcomes	6 - Low	9 - Medium	13 - Medium	17 - High	20 - Very high
Major Serious injury (long term absence) major adverse outcomes	10 - Medium	14 - Medium	18 - High	21 - Very high	23 - Severe
Catastrophic Fatality or permanent impairment, government intervention	15 - Medium	19 - High	22 - Very high	24 - Severe	25 - Severe

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STEPS OF THE TASK	POTENTIAL HAZARDS	UNCONTROLLED RISK	CONTROLS	RESIDUAL RISK	WHO WILL DO IT?
Break into sections of work	What could go wrong at each step? What if?	1-25	How do we control the hazard? What is the contingency plan if it goes wrong?	1-25	Be specific, use names/title (e.g. foreman)

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EMERGENCY RESCUE PLAN

All Personnel involved in this activity will ensure they are aware of the emergency procedure and understand their roles and responsibilities. In the absence of a specific emergency plan, staff should defer to the site emergency plan, and ensure they comply with any requirements at all times.

(ERT) EMERGENCY RESCUE TEAM

In the event of an incident occurring, persons will not place themselves at risk and notify their project manager immediately. Where emergency services are required, site staff will call 000 and notify of the situation, location and response required. Staff should contact their project manager as soon as is safe to do so. The project manager will contact the Site security and notify of the emergency requesting for assistance upon emergency service arrival to site (if required). First Aider to determine immediate treatment required until emergency services attend site in which emergency services will take over. All works will be suspended until further notice.

APPROVER NAME		REVIEWER 1 NAME/POSITION	
APPROVER POSITION		REVIEWER 2 NAME/POSITION	
DATE		REVIEWER 3 NAME/POSITION	
NEXT REVIEW DATE (IF REQUIRED)		REVIEWER 4 NAME/POSITION	

NAME:	SIGNATURE:	DATE:
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Record any changes to the JSEA and have each worker sign below.

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