

# Job Safety Analysis - Prestart



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|                |         |                       |  |
|----------------|---------|-----------------------|--|
| Customer Name  | Aurizon | Customer Contact      |  |
| Job Number     |         | Customer Order Number |  |
| Job Start Date |         | Job Completion Date   |  |

|       |                            |           |
|-------|----------------------------|-----------|
| Site: | Contractor: Transaudit Ltd | Location: |
|-------|----------------------------|-----------|

JSA developed & Reviewed by the Following Personnel:

| No. | Name | Signature | Date | No. | Name | Signature | Date |
|-----|------|-----------|------|-----|------|-----------|------|
| 1   |      |           |      | 12  |      |           |      |
| 2   |      |           |      | 13  |      |           |      |
| 3   |      |           |      | 14  |      |           |      |
| 4   |      |           |      | 15  |      |           |      |
| 5   |      |           |      | 16  |      |           |      |
| 6   |      |           |      | 17  |      |           |      |
| 7   |      |           |      | 18  |      |           |      |
| 8   |      |           |      |     |      |           |      |
| 9   |      |           |      |     |      |           |      |
| 10  |      |           |      |     |      |           |      |
| 11  |      |           |      |     |      |           |      |

In the event of injury is a member of the team First Aid Qualified?

**YES / NO**

If Yes, Who:

State the point where an injured person would be taken:

**Minor: FIRST AID**

**Serious: MEDICAL CENTRE**

|                                     |             |                                                        |  |
|-------------------------------------|-------------|--------------------------------------------------------|--|
| Customer Reviewed JSA / SWMS / JSEA |             | Customer Representative Name                           |  |
| Review Date                         | 11-Oct-2017 | Satisfactory for Tasks / Job - <b>Customer to sign</b> |  |
| Transaudit Reviewer Name            | G Noble     | Transaudit Review Date                                 |  |

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| All other JSA's – Tick the boxes that best describes the level of RISK that personnel may be exposed to: |                                                                                                                                          |                       |                                                                                                                                          |                                  |                                                                                                                                          |                               |                                                                                                                                          |                                        |                                                                                                                                          |                              |                                                                                                                                          |                    |                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Electrical                                                                                               | <input type="checkbox"/> N/A<br><input checked="" type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Vehicles              | <input type="checkbox"/> N/A<br><input checked="" type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Pressure                         | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Weather                       | <input type="checkbox"/> N/A<br><input checked="" type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Radiation<br>(Hot Work / Sun)          | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Heat                         | <input type="checkbox"/> N/A<br><input checked="" type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Falling refractory | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High |
| Chemical                                                                                                 | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Height                | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Access                           | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Bacteria                      | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Rotating Equipment                     | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Dehydration                  | <input type="checkbox"/> N/A<br><input checked="" type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Engulfment         | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High |
| Tools                                                                                                    | <input type="checkbox"/> N/A<br><input checked="" type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Depth                 | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Vibration                        | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Dust                          | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Moving Equipment                       | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Hot / Cold objects           | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Lighting           | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High |
| Gases                                                                                                    | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Weight                | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Noise                            | <input type="checkbox"/> N/A<br><input checked="" type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Slip / Trip                   | <input type="checkbox"/> N/A<br><input checked="" type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Lifting Equipment                      | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Overhead Hazards             | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High | Manual Handling    | <input type="checkbox"/> N/A<br><input checked="" type="checkbox"/> Low<br><input type="checkbox"/> Med<br><input type="checkbox"/> High |
| P.P.E Requirements                                                                                       |                                                                                                                                          |                       |                                                                                                                                          | Plant, Equipment & Tools for Job |                                                                                                                                          |                               |                                                                                                                                          | Isolation, Tagging, Barricades & Signs |                                                                                                                                          | Further Information Required |                                                                                                                                          |                    |                                                                                                                                          |
| Safety Harness                                                                                           |                                                                                                                                          | Tinted Safety Glasses |                                                                                                                                          | Step Ladder                      |                                                                                                                                          | Inert Gas                     |                                                                                                                                          | Electrical Isolation Tags              |                                                                                                                                          | Work Permit                  |                                                                                                                                          |                    |                                                                                                                                          |
| Steel capped Boots / Gum Boots                                                                           |                                                                                                                                          | Clear Safety Glasses  |                                                                                                                                          | Hand Tools                       |                                                                                                                                          | Extension Leads               |                                                                                                                                          | Barricade Tape                         |                                                                                                                                          | Hot Work Permit              |                                                                                                                                          |                    |                                                                                                                                          |
| Hard Hat                                                                                                 |                                                                                                                                          | Face Shield           |                                                                                                                                          | Fire Extinguisher                |                                                                                                                                          | Battery Vacuum Pump           |                                                                                                                                          | Manual handling Instructions           |                                                                                                                                          | Procedures                   |                                                                                                                                          |                    |                                                                                                                                          |
| Hearing Protection                                                                                       |                                                                                                                                          | Gloves - Nitrile      |                                                                                                                                          | Cameras – digital / thermal      |                                                                                                                                          | Battery Tools I.e. Rattle Gun |                                                                                                                                          |                                        |                                                                                                                                          | Work Instructions            |                                                                                                                                          |                    |                                                                                                                                          |

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**RISK ASSESMENT MATRIX – A tool for assessing risk**

| What would the <b>OUTCOME</b> of an occurrence be? | What is the <b>LIKELIHOOD</b> of an occurrence? |               |               |               | Hierarchy of Controls                                                                    |
|----------------------------------------------------|-------------------------------------------------|---------------|---------------|---------------|------------------------------------------------------------------------------------------|
|                                                    | Very Likely                                     | Likely        | Unlikely      | Very Unlikely | Can the hazard be <b>Eliminated</b> or removed from the work place?                      |
| Death or Permanent Disability                      | 1<br>(High)                                     | 1<br>(High)   | 1<br>(High)   | 2<br>(Medium) | Can the product or process be <b>Substituted</b> for less hazard alternative?            |
| Serious injury or Illness                          | 1<br>(High)                                     | 2<br>(Medium) | 2<br>(Medium) | 3<br>(Low)    | Can the hazard be <b>Engineered</b> away with guards or barriers?                        |
| Medical Treatment                                  | 2<br>(Medium)                                   | 2<br>(Medium) | 3<br>(Low)    | 3<br>(Low)    | Can <b>Administration Controls</b> be adopted i.e. procedures, job rotation etc?         |
| First Aid Treatment                                | 2<br>(Medium)                                   | 2<br>(Medium) | 3<br>(Low)    | 3<br>(Low)    | Can <b>Personal Protective Equipment</b> & Clothing be worn to safe guard against hazard |

| No. | Description of Job Step<br><i>What is the job step by step?</i> | Potential Hazards<br><i>What are the Hazards with each step?</i> | Risk Score | Hazard Controls Measures<br><i>What hazard control measures will be used?</i>                                                                                                                                                                                                                                                                        | New Risk Score |
|-----|-----------------------------------------------------------------|------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1   | Access Site                                                     | Multiple                                                         | M          | Ensure all work party members are appropriately inducted<br>Follow customer instructions at all times especially if crossing rail tracks by foot or with vehicle<br>Trains must be considered at all times. Keep clear of points and ensure adequate footing if walking on ballast<br>Create "Take 5" assessment<br>Understand ingress & exit points | L              |
| 2   | Driving vehicles                                                | Pedestrian, vehicle                                              | M          | Ensure vehicle access granted, licensed driver, obey all signage and observe speed limit<br>Follow customer instruction                                                                                                                                                                                                                              | L              |
| 2a  |                                                                 |                                                                  | M          | Observe all road rules or site speed limits<br>No mobile phone use while driving except on hands free<br>Alcohol & Drug policy applies at all times – Procedure TA_0002 drug and alcohol policy                                                                                                                                                      | L              |

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|    |                                       |                                                     |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |
|----|---------------------------------------|-----------------------------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
|    |                                       |                                                     |   | Fatigue Management Applies at all times – Procedure TA_0006 fatigue management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |
| 3  | Unloading Vehicle                     | Slips, Trips                                        | M | Ensure unloading area clear of trip hazards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | L |
| 3a |                                       | Sprains, Strains                                    | M | Use correct manual handling procedure; 2 man lifts and mechanical aids where required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | L |
| 4  | Accessing HV sub                      | Electrocution (live exposed conductors)             | M | Observe safe working distances to Australian / NZ standard or site rules, whichever greater.<br>Create "Take 5" assessment at each new sub<br>Follow customer instruction                                                                                                                                                                                                                                                                                                                                                                                                                                                 | L |
| 5  | Oil sampling, thermography, audits    | Noise<br>Heat<br>Slips & Trips<br><br>Sharp objects | M | Use hearing protection when needed<br>Ensure hydration. Drink a minimum of 500ml water every hour or as needed. Watch urine colour – see chart at end of this document.<br>Survey area before accessing. When using camera (IR or DI), ensure movement after looking. Survey with IR camera when stationary only.<br>Wear knee pads at all times during sampling<br>Use gloves if moving objects or risk of cut/graze is present                                                                                                                                                                                          | L |
| 6  | Snakes / Spiders / Reptiles / Insects | Bites<br>Poisoning<br>Allergic Reactions            | M | Snakes / Reptiles:<br>Check transformer / substation on entry for snakes. Never approach a snake, back away and wait in vehicle until snake leaves area. Beep horn or rev motor to scare snake into moving. Ensure all other staff are aware of snake hazard.<br>If bitten, immediately apply pressure to wound, elevate and seek immediate medical attention. Use radio / mobile to contact emergency services. Try and get a photograph of snake for ID purpose.<br>Spiders:<br>Treat all spiders as poisonous. If bitten, immediately apply pressure to wound, elevate and seek immediate medical attention. Use radio | M |

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|  |  |  |  |                                                                                                                                                                                                                                                                                                                 |  |
|--|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  |  |  |  | <p>/ mobile to contact emergency services. Try and get a photograph of spider for ID purpose.</p> <p>Insects:</p> <p>Use DEET to keep insects off skin. If bitten, use calamine lotion to sooth – do not scratch. Monitor and seek medical assistance if bites torn septic of you develop fever or illness.</p> |  |
|  |  |  |  |                                                                                                                                                                                                                                                                                                                 |  |
|  |  |  |  |                                                                                                                                                                                                                                                                                                                 |  |

IF IT ISN'T SAFE, DON'T DO IT. REPORT ALL ACCIDENTS

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# How dehydrated are you?

A quick way to test how well  
you're hydrated is to check  
the colour of your urine.

