








Appendix H - Job Safety Analysis Worksheet

Synod Congregation Name & Address:		Date:	Any permit required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
JSA No.		Type of Permit:		
JSA Team Name/s:	JSA Team Signature:	JSA Approved by:	JSA Approval Signature:	
Activity:				
	Eye Protection <input type="checkbox"/>	Hearing Protection <input type="checkbox"/>	Protective Clothing <input type="checkbox"/>	
				
	Face Masks <input type="checkbox"/>	Welding Mask <input type="checkbox"/>	Appropriate Footwear <input type="checkbox"/>	
	Personal Protective Equipment (PPE) Required (Check the box for required PPE):			
Gloves <input type="checkbox"/>				

Activity List the tasks required to perform the activity in the sequence they are carried out	Hazards Against each task, list the hazards that could cause injury when the task is performed	Risk control measures List the control measures required to eliminate or minimise the risk of injury arising from the identified hazard	Who is responsible? Write the name of the person responsible to implement the control measure identified	Date Expected date of completion

Each JSA (SWMS) must be task specific, including all employees, contractors, visitors, congregation members and volunteers (if applicable)