

Job safety analysis (JSA)

Documenting your chosen control measures can assist with planning work that is healthy and safe for workers and others

1. Details

| |
|-------------------------------|
| Job number: |
| Date: DD / MM / YEAR |
| Prepared by: (name and title) |
| Approved by: (name and title) |
| Job description: |

2. JSA team members

Print name and sign below to confirm that you have read, understood and agreed to the procedures and control measures in this JSA.

| |
|---|
| Name: |
| Signature: |
| Are work permits required? <input type="radio"/> Yes <input type="radio"/> No |
| If yes, provide details: |
| Notes: |

