****[**Fieldwork Job Safety Analysis**](#_top)

This form is to be completed by the [Curtin Supervisor](#_top) in consultation with the [Site Supervisor](#_top), for the activities listed below or other activities assessed by these supervisors as needing a JSA. Page 2, steps 1-5 are to be completed prior to the trip and submitted for approval at the same time as the fieldwork risk assessment. Page 3 is only to be used when on site and if conditions have changed/additional hazards identified from what was expected. These changes should then be approved by the [Final Approver](#_top) prior to works commencement. All people completing these works need to sign on to the JSA (page 4) on the day/s the works are being completed.

Which activities will you be completing whilst on fieldwork, please indicate below?

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|  | **Identified High Risk Activities** |  | **Identified High Risk Activities** |
| ☐ | [Working Alone, in Isolation or in Remote Areas](https://www.safeworkaustralia.gov.au/safety-topic/hazards/remote-and-isolated-work) | ☐ | Hazardous substances, dangerous goods and biological materials |
|[ ]  [Confined spaces](https://www.safeworkaustralia.gov.au/sites/default/files/2020-07/model_code_of_practice_confined_spaces.pdf) |[ ]  Other – Please indicate |
|[ ]  Plant and equipment |  |  |

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|  | **Background Information** |  |
|  [ ]  Yes  [ ]  No | Do personnel require any license, permit, ticket, trade skill or [specialist training](#_top) to complete this activity?: | If “yes” please specify:Click or tap here to enter text. |
| [Experience level for this activity](#_top) - Trip Leader / Site Supervisor  | Click or tap here to enter text. |
| [Experience level for this activity](#_top) - Participants  | Click or tap here to enter text. |
| **Reference Documents** | Click or tap here to enter text. |

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| **PPE Required**(Please highlight all compulsory items) | Clothing with long arms & legs | High vis jacket | Work boots | Safety helmet | Hearing protection | Breathing apparatus | Welding helmet | SafeZone app |
| Overalls/coveralls | High vis vest | Steel cap boots | Bump cap | Face shield | Respirator with filter | Welding apron | Communication Plan |
| Lab coat | High vis overalls | Enclosed shoes | Hair net | Safety goggles | N95 face mask | Welding screens | Satellite Phone |
| Apron | Gloves  | Shoe covers | Sun hat/cap | Safety glasses | Dust mask | Hearing protection | Sunscreen |
| **Additional Information** (E.G. Type of gloves or colour of high vis.) |  |  |  |  |  |  |  | Other: |

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| **Step 1****Risk or Activity** | **Job Steps 2****List steps in required order to perform the task.** | **Hazards 3****List the identified hazards with each step** | **Existing Controls 4****List the steps to be used to control the risk.** | **Assess Risk 5****(Initial Risk)** |
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Initial JSA

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| 🞏 I acknowledge that this initial JSA has been submitted to the relevant Final Approver through the fieldwork risk assessment process.  |
| Curtin Supervisor |  |  |  |

**JSA Onsite Changes**

Conditions may differ from what was anticipated and changes may need to be made to the JSA once workers arrive on site. These changes are to be recorded

below and all workers to sign off on the modified JSA on the day or Trip leader/Site Supervisor to indicate that no changes were made to the JSA on the day.

🞏 No changes made to this JSA on the day of the fieldwork

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| **Step 1****Additional risks or activities identified/required** | **Job Steps 2****List steps in required order to perform the task.** | **Hazards 3****List the identified hazards with each step** | **Additional Controls 6****Additional controls required.** | **Assess Risk 7 (Residual Risk Rating – Once these additional controls have been implemented)** |
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**JSA Sign Off**

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| **Name (Print)** | **Signature** | **Date** |
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If the level of risk has increased from the initial risk assessment then reapproval from the Final Approver must be received (preferably in writing) and lodged

within the fieldwork record prior to works commencement.

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| **Authorisation** |
| Site Supervisor: |  | Signature: |  | Date: |  |
| Final Approver: |  | Signature: |  | Date: |  |

**Health and Safety Risk Matrix**

# Determine the Risk Rating (Level of Risk)

For each Consequence Category selected, determine the Risk Rating (Level of Risk) from the relevant Consequence and Likelihood Levels.

# Risk Rating (Level of Risk) = Consequence x Likelihood.

**Select the Likelihood**. Select the appropriate Likelihood or Frequency rating of the Risk Event occurring for the selected Consequence level, given the controls are in place. **Select the Consequence**. For the given Risk Event select the relevant Consequence categories and apply a rating. The ratings are determined with the existing controls in place. Where there are multiple ratings for a risk, the highest combination of Consequence/Likelihood is taken as the final risk rating (do not average out the ratings).

Note: There are 3 types of risk ratings:

**Inherent** - no controls in place or total control failure; **Current** - with existing controls in place; **Residual** - with proposed treatment action plans (TAPs) in place. Curtin requires the **Current** risk rating (as a minimum).

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|  | **LIKELIHOOD DESCRIPTION** |
| **LIKELIHOOD** | The event may occur only in exceptional circumstances. | Not expected but the event may occur at some time. | The event could occur at some time. | The event will probably occur in most circumstances. | The event is expected to occur or has occurred and is continuing to impact. |
| **FREQUENCY** | Less than once in 10 years. | At least once between 5 and 10 years. | At least once between 1 and 5 years. | Once per year. | More than once per year. |
| **PROBABILITY** | <10% | 10% - <35% | 35% - <65% | 65% - <90% | >90% |
| **CONSEQUENCE DESCRIPTION** |  | **IMPACTS** | **Likelihood level** |
| **Environment** | **Health and Safety** | **Consequence Level** |  | **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost Certain** |
| Permanent environmental damage to an extensive area outside of campus; Sole contributor responsible for direct GHG emissions AND majority of current practice does not meet good practice standards. | FatalityPermanent Total Disability | **Critical** |  |  |  | **Extreme** |  |
| Long term environmental damage extending to a large area requiring high level of intervention; Significant contributor responsible for direct GHG emissions AND majority of current practice does not meet good practice standards. | Significant/extensive injury or illness.Permanent Partial Disability | **Major** |  |  | **High** |  |  |
| Short term environmental damage requiring some intervention; Partial contributor responsible for direct GHG emissions AND majority of current practice does not meet good practice standards. | Serious injury or illness. Lost time injury >10 days | **Moderate** |  | **Medium** |  |  |  |
| Short term environmental damage affecting a small area, easily remediated; Partial contributor responsible for indirect GHG emissions AND majority of current practice does not meet good practice standards. | Injury or illness requiring medical treatmentLost time injury <10 days | **Minor** | **Low** |  |  |  |  |
| Minimal environmental damage affecting a very small area, immediately remediated. | Injury or illness requiring First Aid treatmentNo lost time injury days | **Insignificant** |  |  |  |  |  |

# Risk Acceptance Criteria Table

**Make an acceptance decision.** Based on the current risk rating, use the Risk Acceptance Criteria Table to determine an appropriate decision and response.

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| **Risk Rating** | **Criteria for Acceptance of Risk and Risk Review** | **Criteria for Risk Ownership** | **Criteria for Risk Reporting** |
| **Extreme** | Risk is Out of Appetite. Requires a control rating of Excellent. Control rating of Inadequate is unacceptable.Immediate management attention required to reduce exposure.Treatment Action Plans (TAPs) to be developed, implemented and monitored by a designated TAP owner(s) to reduce the risk to as low as reasonably practical.To be reviewed at least every 1 month. | Owned by the DVC / Executive Manager. | To be reported immediately to the relevant Executive and SET. If a broader organisational response is required, risk is to be reported as part of strategic risk themes that are submitted to the Planning & Management Committee / Executive Committee and Council (or to the University Health & Safety Committee for risks with a Health & Safety impact). |
| **High**  | Risk may be Out of Appetite (for risks with an Objectives & Performance and/or Health & Safety impact rating of ‘3. Moderate’ and above AND likelihood rating of ‘4. Likely’ and above) or Tolerable. Requires a control rating of Excellent (or Adequate but with justification). Control rating of Inadequate is unacceptable.Management attention required (immediately for risks with an Objectives & Performance and/or Health & Safety impact rating of ‘3. Moderate’ and above AND likelihood rating of ‘4. Likely’ and above). Treatment Action Plans (TAPs), where necessary, to be developed, implemented and monitored by a designated TAP owner(s) (subject to preliminary assessment and cost-benefit justification) to reduce the risk to as low as reasonably practical.To be reviewed at least every 3 months (or 1 month for risks with a Health & Safety impact). | Owned by the PVC, Head of School or Head of Area (i.e. Director). | To be reported to the relevant Executive. If a broader organisational response is required, risk is to be reported as part of strategic risk themes that are submitted to the Planning & Management Committee / Executive Committee and Council (or to the University Health & Safety Committee for risks with a Health & Safety impact). |
| **Medium**  | Risk is Acceptable. Requires a control rating of Adequate. Control rating of Inadequate is unacceptable.Monitor risk for any change in the operating environment. Treatment Action Plans (TAPs), where necessary, to be developed, implemented and monitored by a designated TAP owner(s) (subject to preliminary assessment and cost-benefit justification).To be reviewed every 12 months (or 3 months for risks with a Health & Safety impact). | Owned by the PVC, Head of School, Head of Area (Director) or Head of Section (Manager/Supervisor). | Reported to the DVC / Senior Executive (only for risks with an Inadequate controls rating), or to the local area Health & Safety Committee for risks with a Health & Safety impact. |
| **Low**  | Risk is Acceptable. Requires a control rating of Adequate. Control rating of Inadequate is unacceptable and will require a Treatment Action Plans (TAPs) to be developed, implemented and monitored by a designated TAP owner(s)Monitor risk for any change in the operating environment.To be reviewed every 12 months (or 6 months for risks with a Health & Safety impact). | Owned by the PVC, Head of School, Head of Area (Director) or Head of Section (Manager/Supervisor). | Reported to the DVC / Senior Executive (only for risks with an Inadequate controls rating), or to the local area Health & Safety Committee for risks with a Health & Safety impact. |

***Note: The Risk Acceptance Criteria Table serves as a guide for risk acceptance and should be relevant in most situations. However, there may be situations where an exception could apply (because of factors outside the control of the organisation or due to the nature of the business). As with any decision, a justification for this exception needs to be demonstrated and documented.***

# Controls Rating Table

**Select the Overall Controls Rating (for ALL controls as a whole)**

**Controls** - A control is any measure or action currently in existence that modifies or manages the risk. Examples of controls could include a policy, procedure, practice, process, technology, technique, method, or device. A control should be demonstrable, i.e. auditable.

**Treatment Action Plans (TAPs)** - TAPs are additional controls, where required. It could be an improvement of an existing control and/or a new initiative altogether. TAPs become controls, or modify existing controls once they have been implemented.

The adequacy of the controls is assessed on a common sense, qualitative basis. This can be viewed as a reasonableness test, i.e. are you doing what is reasonable under the circumstances to prevent or minimise the impacts of the risk?

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| **Level** | **Descriptor** | **Foreseeable** | **Detail** |
| E | Excellent | More than what a reasonable person would be expected to do in the circumstances. | Controls fully in place and require only ongoing maintenance and monitoring. Protection systems are being continuously reviewed and procedures are regularly tested. |
| A | Adequate | Only what a reasonable person would be expected to do in the circumstances. | Being addressed reasonably. Protection systems are in place and procedures exist for common or typical circumstances. Periodic review. |
| I | Inadequate | Less than what a reasonable person would be expected to do in the circumstances. | Little to no action being taken. No protection systems exist or they have not been reviewed for some time. No formalised procedures. |

Once the **Overall Controls Rating** (above) has been conducted on **ALL** controls as a whole, a **Controls Assurance** should be conducted on EACH control to determine if the controls are in place and effective.

# Controls Assurance Questions:

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| 1. Is the control in use?
2. Is the control documented?
3. Is the control up to date?
4. Is the control effective?
 | *If you answered ‘Yes’ to all 4 questions, the control is effective (the control text should be Green).* |
| *If you answered ‘Yes’ to 2 or 3 questions, the control may require some improvements (the control text should be Blue).* |
| *If you answered ‘Yes’ to 1 or less questions, the control may require significant improvements (the control text should be Red).* |