






JOB/TASK: QUOTATIONS / JOB ASSESSMENT		DATE: 30/4/2013			
REPLACES JSA No.: Ref: 03 22/05/2009		PREPARED BY: John Payne, Joe Stillitano			
LOCATION / DEPARTMENT: Sites		PERMITS / LICENSES REQUIRED: Construction Safety Awareness			
EQUIPMENT/TOOLS REQUIRED: First Aid Kit Camera Tape Measure Note pad & pen Calculator Step Ladder Mobile Phone		PERSONAL PROTECTIVE EQUIPMENT REQUIRED:      PPE to be worn as per site requirements			
RISK LEVEL H = high M = med L = low N = negligible					
No	JOB/TASK STEP	POTENTIAL HAZARDS	INITIAL RISK	SAFE WORK / CONTROL MEASURES	FINAL RISK
1	Arrival on Site	1. Parking on public roads 2. Roof not complete 3. Breach of site safety requirement 4. Mobile plant, vehicles 5. Site congestion 6. Weather conditions 7. Young workers 8. Working Alone	M	1. As far as possible do not park on busy road, concentrate on safely accessing site when out of vehicle 2. Do not enter site, advise BGC Supervisor 3. PPE to be worn as per site signage or safety plan. Hard hats to be worn on construction sites 4. Do not approach mobile plant / vehicle unless driver signals 5. Liaise with other trades 6. Plan task, be aware of the forecast and check for approaching change in weather 7. Young workers aged under 18 years or inexperienced workers to be supervised at all times 8. If unexpectedly working alone contact BGC Office as per Working Alone procedure	L
2	Setting up	1. Site Hazards - Lacerations Bruising Objects falling from above Impalement Trips / Slips Multi unit sites	H	1. Inspect site to identify hazards and complete the Site Safety Report. JSA Variation Form to be completed if hazard not controlled by this JSA. Controls include <ul style="list-style-type: none"> • thoroughfares to be left clear • establish clear zones for workers • check for spikes, stakes picket fences • identify trip hazards and mark with tape or cones • Liaise with other trades – consider barricades or signage 	M

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	Setting up continued	Electrical Hazardous substance Fall from heights Scaffolding Pets / Pests Angry workers or residents		<ul style="list-style-type: none"> • JSA Variation Form to be used if additional hazards are identified • Ensure property is RCD protected • Any scaffolding over 4 metres must be erected by licensed scaffolder • Inspect condition of scaffolding, do not use if damaged, incomplete or unsteady – advise Builder • Request pet owner to secure pet if it is a threat • Do engage in confrontation with people, leave immediately 	
3	Carry out assessment	1. Electric shock 2. Sprains and strain 3. Dust 4. Foreign body in eye 5. Trips and falls 6. Falls from height 7. Incorrect information 8. Puncture injury / lacerations	M	1. Power to roof space to be turned off prior to entry 2. If you need to lift object or carry equipment, do not strain to lift, get assistance 3. Wear dust mask if disturbing existing insulation 4. Wear eye protection if other work on site is causing a hazard Discuss any known hazards with builder / resident 5. If steps or scaffolding used to access off ground level, check that all handrail and balustrades are in place and secure 6. Maintain 3 points of contact when climbing steps or ladders Ladder incline to be on 1 to 4 ratio, secure ladder Only work from compliant work platforms Inspect ladders / work platforms – do not use if damaged Ensure that ladder or platform is on stable level ground 7. If accessing roof space check joist is 430 or 580 mm Take photos of as reference for job assessment 8. Check for protruding nails / screws / steel protruding in roof space	L

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4	Leave Site	<ol style="list-style-type: none"> 1. Customer relationships 2. Mobile plant or vehicles 3. Public roads and traffic 	M	<ol style="list-style-type: none"> 1. If builder or owner is on site, discuss outcome of assessment 2. Do not approach mobile plant / vehicle unless driver signals 3. Complete all documentation and phone calls before driving away from safe parking location 	L

Approved by:

Joe Stillitano

30.04.2013

John Payne

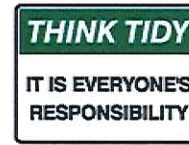
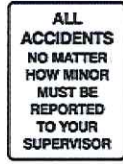
30/4/2013

Joe Stillitano, Divisional Manager

Date

John Payne, OHS Manager

Date



I, _____ hereby confirm that I have read and been instructed on the Job Safety Analysis number SITE 01.00 and understand how the safe work / control measures are used in this task.

Signed: _____

Date: _____