

# PERMIT TO WORK









PTW # \_\_\_\_\_

## JOB SAFETY ANALYSIS

Risk matrix

|            |                 |   | Consequence / potential severity      |   |  |  |                                   |
|------------|-----------------|---|---------------------------------------|---|--|--|-----------------------------------|
|            |                 |   | Insignificant<br>No / Very minor harm | Minor<br>Minor harm (Requiring first aid, lost time injury <3 days) | Moderate<br>Moderate harm (Requiring medical treatment, Lost time injury >4 – 15 days) | Major<br>Harm (Resulting in incapacity – permanent absence, lost time injury >15 days) | Severe<br>Death or permanent harm |
| Likelihood | Certain         | Is expected to occur on a regular basis (most weeks or monthly)               | Medium                                | High  | Extreme  | Extreme  | Extreme                           |
|            | Almost Certain  | Is likely to occur several times a year                                       | Low                                   | Medium  | High   | Extreme  | Extreme                           |
|            | Likely          | Will possibly occur (May happen every one to two years)                       | Low                                   | Medium  | Medium   | High   | Extreme                           |
|            | Unlikely        | Unlikely to occur (Could occur at some time in 2 – 5 years)                   | Low                                   | Low   | Medium   | High   | Extreme                           |
|            | Highly Unlikely | May occur in exceptional circumstances (May happen every five – twenty years) | Low                                   | Low   | Low  | Medium   | Extreme                           |

### Mandatory personal protective equipment (PPE) required:

|   |   |   |  |   |   |   |   |
|---|---|---|--|---|---|---|---|
|  |  |  |  |  |  |  |  |
| Hard hat  | Safety Boots  | High-Vis  | Gloves   | Eye Protection  | Hearing Protection  | Respirator Protection   | Full-length clothing  |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |

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|   | Hazards                |   | Hazard controls – what do we need to do to make it safe? |   |   |                     |
|---|------------------------|---|--|---|---|---------------------|
| What are we doing?<br><i>(step by step)</i> | What could cause harm? | Existing risk level<br><i>(use risk matrix)</i> | Can we eliminate the risk?<br><br><i>List how below</i>  | If elimination is not possible, can we:<br>- <b>substitute</b> and/or<br>- <b>isolate</b> and/or<br>- use <b>engineering controls</b> | If any risk still remains:<br>- use <b>admin controls</b> and/or <b>PPE</b> <i>(PPE is the least effective and should not be first or the only control measure)</i> | Residual risk level |
|   |                        |   |  |   |   |                     |
|   |                        |   |  |   |   |                     |
|   |                        |   |  |   |   |                     |
|   |                        |   |  |   |   |                     |
|   |                        |   |  |   |   |                     |
|   |                        |   |  |   |   |                     |

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## Changes or Updates to JSA

|  | New hazards<br>(one per line) |  | Hazard controls – what do we need to do to make it safe? |   |   |                     |
|--|-------------------------------|--|--|---|---|---------------------|
| List any changes or modifications to the job below, in order | What could cause harm?        | Existing risk level<br>(use risk matrix) | Can we eliminate the risk?<br><br>List how below         | If elimination is not possible, can we:<br>- <b>substitute</b> and/or<br>- <b>isolate</b> and/or<br>- <b>engineering controls</b> | If any risk still remains:<br>- use <b>admin controls</b> and/or <b>PPE</b> (PPE the least effective and should not be first or the only control measure) | Residual risk level |
|  |                               |  |  |   |   |                     |
|  |                               |  |  |   |   |                     |
|  |                               |  |  |   |   |                     |
|  |                               |  |  |   |   |                     |

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**JSA sign on: I have read and understood this JSA and agree to follow the plan, use the agreed hazard controls and work safely.**

|      |           |          | Sign on        |         | Sign off       |         |
|------|-----------|----------|----------------|---------|----------------|---------|
| Name | Signature | Position | Date           | Time    | Date           | Time    |
|      |           |          | DD / MM / YYYY | HH : MM | DD / MM / YYYY | HH : MM |
|      |           |          | DD / MM / YYYY | HH : MM | DD / MM / YYYY | HH : MM |
|      |           |          | DD / MM / YYYY | HH : MM | DD / MM / YYYY | HH : MM |
|      |           |          | DD / MM / YYYY | HH : MM | DD / MM / YYYY | HH : MM |
|      |           |          | DD / MM / YYYY | HH : MM | DD / MM / YYYY | HH : MM |