Job Safety Analysis

Job Number _____

Site Address _____

Date _____

Employee _____

Do I thoroughly understand the job? Yes ☐ No ☐

Do I know all the safety rules applicable to this job? Yes ☐ No ☐

Have I identified all the PPE required and have this available? Yes ☐ No ☐

Do I understand my role in this job? Yes ☐ No ☐

Am I familiar with the DNA Task/Risk Analysis register? Yes ☐ No ☐

Am I aware of the tasks I will be performing and the typical risks associated with the tasks and how to manage these? Yes ☐ No ☐

If you answer no to any of the above contact the office immediately, DO NOT COMMENCE WORKS

Staff under my supervision that have taken part in this Job Safety Analysis (List Names of staff under supervision)

Specific Risks Identified for this site	Risk control measures	Who is responsible