

Job Safety Analysis

Area/Unit/Location:		Project/Job Name/No:	Manager:
Work Activity/Task: Small use of glyphosate herbicides (cut & paint)		Staff consulted: Name/Signature	Name/Signature
Date to commence:	Date of JSA:		
Prepared by:			
Signature:			

Item	Job Step Break the job down into steps.	Potential Hazard What can harm you?	Risk Rating	Controls What you are going to do to make the job as safe as reasonably practicable.	Person Who Will Ensure this Happens
1.	Decant herbicide from bulk container into labelled applicator bottles. Add herbicide only to bulk 20L container. Add water if appropriate.	<ul style="list-style-type: none"> • Neat herbicide/Active ingredient • Skin contact/absorption • Splashes to eye, mouth, ear face • Breathing vapours / inhalation 	Low	<ul style="list-style-type: none"> • Have a good working knowledge of herbicide. Read MSDS, label and off label permit (attached). • Wear required PPE to protect skin & eyes. • Perform task in chemical shed (to contain spills) Doors open for ventilation. 	staff member with Chemcert or equivalent training.
2.	Load and transport applicator bottles and containers up to 5L.	<ul style="list-style-type: none"> • Spills of neat or high percentage herbicide. Resulting in Skin contact/absorption or Splashes to eye, mouth, ear and face. • Theft of herbicide from vehicle 	Low	<ul style="list-style-type: none"> • Transport labelled applicator bottles upright in a sealed container. NB label must show correct signal heading of herbicide. • Securely attach container to vehicle. • If vehicle is to be left unattended keep herbicide container out of sight. • Don't transport herbicide containers in cabin. 	staff member or Bushcare volunteer

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3	Carry individual applicator bottles in bush	<ul style="list-style-type: none"> • Spills of neat or high percentage herbicide resulting in skin contact/absorption and or splashes to eye, mouth, ear and face. 	Low	<ul style="list-style-type: none"> • Wear required PPE. Chemical gloves and eye protection. • Use correct technique for carrying. Carry bottle in hand by ones side or in a pouch attached to tool belt or in a sealed container. • Do not leave applicator bottle on ground or unattended. 	staff & Bushcare volunteers
4	Apply Herbicide using cut and paint, frill and drill or injection methods.	<ul style="list-style-type: none"> • Spills of neat or high percentage herbicide resulting in skin contact/absorption and or splashes to eye, mouth, ear and face. • Stumps cut too high – trip and fall hazard, penetration wounds 	Low	<ul style="list-style-type: none"> • Wear required PPE. Chemical gloves and eye protection. • Use best practice methods. ie a technique appropriate to the task. • Keep/point applicator opening away from self and others especially eyes and face. • Return applicator bottle to pouch or container after use. • Clean blocked nozzles by washing or with a stick or pin. Do not squeeze applicator bottle to clear blockages. • Cut stumps low and flat to the ground 	staff & Bushcare volunteers

5	Clean up after work	Herbicide residue on skin, clothes or tools.	Low	<ul style="list-style-type: none"> • Wash and dry all PPE and tools after use. • Check skin for herbicide marker. Wash skin • Check clothing for herbicide marker. Wash clothing. Discard highly impregnated clothing. 	NPWS staff & Bushcare volunteers
List of referenced policies, codes of practice, standards, guides and specific legislation: Pesticides Act 1999, Pesticides Regulation 1995, Volunteer Operational Policies and Procedures, APVMA Permit 9907					
List of training requirements of personnel undertaking work: All staff supervising volunteers using glyphosate require Chemical Handlers Certificate AQF3. Staff must have AQF2 as a minimum for use of herbicides. Volunteers using less than 5L of concentrate or less than 20L of ready to use spray mix by hand held applicators do not require chemical handling training. Volunteers may not use glyphosate spray unless with the approval of their Bushcare Coordinator).					
Job Supervisor/Project Manager:					
Signature:				Next Review Date:	

Record of Job Safety Brief

Workplace:

Date:

Supervisor/presenter:

Subject:

Duration:

Print Name	Signature	Print Name	Signature

Documentation and other information provided (including video):

Comments & points raised:

Corrective Action	Action by	Action Complete	
		Sign off	Date