



Doc. No. IMS 138

Review: 05

Date : 10/2015

**DAILY SAFE TASK INSTRUCTION**

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**DAILY SAFE TASK INSTRUCTION (JSA)  
(CHECKLIST -BEFORE WORK COMMENCES)**

| <b>AREA:</b>  |             | <b>DATE:</b> |                     |
|---|-------------|--------------|---------------------|
| DESCRIPTION   | TO STANDARD |              | CORRECTIVE MEASURES |
|   | YES         | NO           |                     |
| All workers are medically fit for the day                   |             |              |                     |
| Correct P.P.E (Utilised & available)                        |             |              |                     |
| Safe access to work area – clean, tidy & declaration signed |             |              |                     |
| Sufficient / correct barricading erected                    |             |              |                     |
| Electrical equipment in good condition                      |             |              |                     |
| All tools / equipment pre-inspected                         |             |              |                     |
| Correct permits for application (Valid)                     |             |              |                     |
| Lock –out required and in place?                            |             |              |                     |
| Scaffolding tagged accordingly                              |             |              |                     |
| Safe Lifting & Rigging equipment                            |             |              |                     |
| Correct tools & equipment available                         |             |              |                     |
| SMI board up to date  |             |              |                     |
| No overhead work allowed                                    |             |              |                     |
| Am I familiar with the task                                 |             |              |                     |
| Do I understand the job instruction?                        |             |              |                     |
| Have I been properly trained to use the equipment           |             |              |                     |
| Risk Assessment no:   |             |              |                     |
| SOP No:   |             |              |                     |

**The above list does not exclude and or wave any other checklist and or legal requirements!**

| CURRENT JOB - LIST MAIN STEPS OF TASK? | WHAT ARE THE HAZARDS/RISK – JOB & ENVIRONMENT? | LIST CONTROLS REQUIRED\ | RISK RATING |
|--|--|-------------------------|-------------|
|  |  |                         |             |
|  |  |                         |             |
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|  |  |                         |             |
|  |  |                         |             |
|  |  |                         |             |
|  |  |                         |             |
|  |  |                         |             |

Note:

- If tasks change, this list and the Risk Assessment must be revised before proceeding with new/changed task.
- A signed attendance register and a risk matrix must be attached to this list.

I hereby certify that the above items were checked and all workers under my supervision received a safe task instruction:

Responsible Person:

(Foreman/Supervisor)      Print Name \_\_\_\_\_      Signature: \_\_\_\_\_

Safety Officer (Letab)      \_\_\_\_\_      \_\_\_\_\_  
 Print Name      Signature:



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**DSTI CLOSE-OUT (CHECKLIST – AT END OF SHIFT)**

| NO | DESCRIPTION  | YES | NO | ACTION REQUIRED |
|----|--|-----|----|-----------------|
| 1  | Are safe access to work area reinstated  |     |    |                 |
| 2  | Sufficient and correct barricading erected where required                      |     |    |                 |
| 3  | No tools or equipment left at work place                                       |     |    |                 |
| 4  | All tools and equipment inspected end – shift inspection / hot work inspection |     |    |                 |
| 5  | Scaffolding tagged accordingly   |     |    |                 |
| 6  | No gas cutting equipment left at work place                                    |     |    |                 |
| 7  | End shift PPE inspection   |     |    |                 |
| 8  | All material removed from elevated working platforms                           |     |    |                 |
| 9  | Lifting equipment correctly stored   |     |    |                 |
| 10 | Applicable permits signed off  |     |    |                 |
| 11 | Lock-outs applied with all plant and equipment left at work place              |     |    |                 |
| 12 | Material neatly and safe stacked At work place / store                         |     |    |                 |
| 13 | Housekeeping in good state   |     |    |                 |

**REMARKS:**

I hereby certify that the above items were checked IN MY AREA/S of RESPONSIBILITY and the area/s were left safe and free of any possible hazards. No injuries were reported to me at the end of the shift.

Responsible Person: \_\_\_\_\_  
 (Foreman/Supervisor) Print Name \_\_\_\_\_ Signature: \_\_\_\_\_

Safety Officer (Letab) \_\_\_\_\_  
 Print Name \_\_\_\_\_ Signature: \_\_\_\_\_

We the undersigned acknowledge that we have attended the lecture on the abovementioned DSTI/JSA and to work safely as per the instruction.

| Name | Signature | Name | Signature | Name | Signature |
|------|-----------|------|-----------|------|-----------|
|      |           |      |           |      |           |
|      |           |      |           |      |           |
|      |           |      |           |      |           |
|      |           |      |           |      |           |