



HSE-02 DCN Drilling JHA Template

Version: 1.0

Date: 14-Jul-15

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AS/NZ4801 – 4.3.1, 4.4.6.1 & ISO14001 4.3.1

JHA		JHA Contributors (minimum team of two)									
JHA No:	1.		4.		Likelihood	Consequence					
Revision No:	2.		5.			Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5	
Date:	3.		6.			A (Almost Certain)	11	16	20	23	25
Review Date:	Reviewed By:				B (Likely)	7	12	17	21	24	
Specific Permits & SOPs Required						C (Possible)	4	8	13	18	22
Hot Work	<input type="checkbox"/>	Containment of Slurry	<input type="checkbox"/>		D (Unlikely)	2	5	9	14	19	
Working at Height	<input type="checkbox"/>	Geothermal Wells	<input type="checkbox"/>		E (Rare)	1	3	6	10	15	
Excavation / Trenching	<input type="checkbox"/>	Confined Drill Space	<input type="checkbox"/>		Low	Medium		High		Extreme	
Equipment Isolation	<input type="checkbox"/>	Unstable Ground	<input type="checkbox"/>		Reviewed at Pre-Shift Meeting(where required):					Date:	
Overhead power lines	<input type="checkbox"/>	Other	<input type="checkbox"/>								
Client Permit to Work required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other permits required (tick page 2)								
Prepared by:											
				Print Name	Signature			Date			
Work Order / Job No:			Plant No:			Plant Name:					



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HAZARD CHECK SHEET

Substance <input type="checkbox"/>	Situation <input type="checkbox"/>	Energy <input type="checkbox"/>	Other Specific to Task
Chemicals & Solvents <input type="checkbox"/>	Confined Space <input type="checkbox"/>	Biological <input type="checkbox"/>	
Gasses, Fumes & Vapours <input type="checkbox"/>	Manual Handling <input type="checkbox"/>	Electrical <input type="checkbox"/>	
Asbestos/Fibreglass <input type="checkbox"/>	Materials Storage <input type="checkbox"/>	Kinetic <input type="checkbox"/>	
Flammable Materials <input type="checkbox"/>	Working over Water <input type="checkbox"/>	Mobile Equipment <input type="checkbox"/>	
Process Materials <input type="checkbox"/>	Working at Heights <input type="checkbox"/>	Noise / Vibration <input type="checkbox"/>	
Oils & Grease <input type="checkbox"/>	Working Below/Above Level <input type="checkbox"/>	Radiation <input type="checkbox"/>	
Hydraulics <input type="checkbox"/>	Moving / Mobile Equipment <input type="checkbox"/>	Chemical <input type="checkbox"/>	
Dust <input type="checkbox"/>	Guarding <input type="checkbox"/>	Gravitational <input type="checkbox"/>	
Inhalation of gasses/fumes <input type="checkbox"/>	Falling Objects <input type="checkbox"/>	Mechanical <input type="checkbox"/>	
Fuel Oil <input type="checkbox"/>	Lighting <input type="checkbox"/>	Muscular <input type="checkbox"/>	
Diesel/Petrol <input type="checkbox"/>	Adjacent Workers <input type="checkbox"/>	Pressure Stored Energy <input type="checkbox"/>	
Glue/Adhesive <input type="checkbox"/>	Projectiles / Incorrect tools <input type="checkbox"/>	Thermal <input type="checkbox"/>	
<input type="checkbox"/>	Slipping / Tripping <input type="checkbox"/>	Blasting/ Mining <input type="checkbox"/>	
<input type="checkbox"/>	Struck By / Against <input type="checkbox"/>	Heat / Furnace <input type="checkbox"/>	
<input type="checkbox"/>	Caught By / Between <input type="checkbox"/>	Water / Ocean <input type="checkbox"/>	



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Act No	Job Steps	Hazards Identified	Initial Risk Ranking	Systems, Checks and Controls Required	Inherent Risk Ranking
1.		•		•	
2.		•		•	
3.		•		•	
4.		•		•	
5.		•		•	
6.		•		•	
7.		•		•	
8.		•		•	



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9.		•		•	
10.		•		•	
11.		•		•	
12.		•		•	
13.		•		•	
14.		•		•	



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Signature to this JHA verifies that you have reviewed the work area for task job steps, have read and understand the risk/hazards and system, checks and control actions associated with the task, accept and will follow through with the system as outlined in all risk/hazard job steps and will follow up with further reviews through the JHA as job progresses with new job steps that have not been risk assessed.

Name	Signature	Date
Approved By:	Supervisor	Signature
		Date

Review comments :	Is a detailed procedure required for this task?		Revision Details			
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rev	Date	By	Initial
	By Whom?	_____				
	By When?	_____				

The completed JHA remains on the rig for the duration of the works and is then submitted to records management system for filing and future audit.