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## Job Demands Analysis

### AF-2801

This form is used to gather and document specific information regarding the potential hazards of a particular job. The JDA will also help WHS/ RPS to make decisions regarding pre-placement health assessment requirements.

In order to help assess the potential risk, this assessment must be completed as part of **the request for recruitment**. The questionnaire is to be **completed by Manager/Supervisor** (or person requesting recruitment) if you need clarification or assistance, please call your WHS Advisor on ext 9200 (Option 6).

<b>Business Area:</b>	ANSTO Communications and Stakeholder Engagement		
<b>PD Number:</b>	2039	<b>Cost Centre Number:</b> (Required)	116303
<b>SECTION 1 – Employment/Position Details</b>			
<b>Position Title:</b>	Senior Advisor Internal Communications		
<b>SECTION 2 – Location of Lab/Office/Workshop(s)</b>			
<b>Building</b>	<b>Level</b>	<b>Lab/Room</b>	
1	1	Communications area	
<b>POSITION HAZARDS</b>			
<b>SECTION 3 – Manual Handling and Ergonomics</b>			
Sitting/Standing	Yes <input checked="" type="checkbox"/> <b>Describe</b> Regularly sitting and standing <i>Frequency – Hourly/Daily/Monthly</i>		No <input type="checkbox"/>
Kneeling/Squatting/Crouching	Yes <input checked="" type="checkbox"/> <b>Describe</b> when manging events on rare ocassions <i>Frequency – Hourly/Daily/Monthly</i>		No <input type="checkbox"/>
Overhead Work – <i>working above shoulder height</i>	Yes <input type="checkbox"/> <b>Describe</b> <i>Frequency – Hourly/Daily/Monthly</i>		No <input checked="" type="checkbox"/>
Lifting and Carrying	Yes <b>Describe</b> Occasionally moving items for events. This will be banners that are light <input checked="" type="checkbox"/> <i>Light – 0-9kg</i> <input type="checkbox"/> <i>Moderate – 10-15kg</i> <input type="checkbox"/> <i>Heavy – 16kg and above</i> <i>Frequency – Hourly/Daily/Monthly</i>		No <input type="checkbox"/>
Pushing/Pulling/Restraining	Yes <input type="checkbox"/> <b>Describe</b> <i>Frequency – Hourly/Daily/Monthly</i>		No <input checked="" type="checkbox"/>
Bending/Leaning Forward/Reaching	Yes <input type="checkbox"/> <b>Describe</b> <i>Frequency – Hourly/Daily/Monthly</i>		No <input checked="" type="checkbox"/>
Trunk Twisting	Yes <input type="checkbox"/> <b>Describe</b> <i>Frequency – Hourly/Daily/Monthly</i>		No <input checked="" type="checkbox"/>
Manipulator Use	Yes <input type="checkbox"/> <b>Describe</b> <i>Frequency – Hourly/Daily/Monthly</i>		No <input checked="" type="checkbox"/>
Grasping/Fine Manipulation	Yes <input type="checkbox"/> <b>Describe</b> <i>Frequency – Hourly/Daily/Monthly</i>		No <input checked="" type="checkbox"/>
Climbing (E.g. Stairs/Ladders)	Yes <input type="checkbox"/> <b>Describe</b> <i>Frequency – Hourly/Daily/Monthly</i>		No <input checked="" type="checkbox"/>
Work Causing Whole Body Vibration <i>E.g. forklifts, machinery</i>	Yes <input type="checkbox"/> <b>Describe</b> <i>Frequency – Hourly/Daily/Monthly</i>		No <input checked="" type="checkbox"/>

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Work Causing Hand/Arm Vibration <i>E.g. hand tools, power tools</i>	Yes <input type="checkbox"/> <b>Describe</b> <i>Frequency – Hourly/Daily/Monthly</i>	No <input checked="" type="checkbox"/>								
Driving	Yes <input checked="" type="checkbox"/> <b>Describe</b> Drive to meetings <i>Frequency – Hourly/Daily/Monthly</i>	No <input type="checkbox"/>								
Work at Heights <i>E.g. scaffolding, or other objects to perform work</i>	Yes <input type="checkbox"/> <b>Describe</b>	No <input checked="" type="checkbox"/>								
Sustained focus <i>E.g. computer screens, microscopes, X-Rays</i>	Yes <input checked="" type="checkbox"/> <b>Describe</b> This is a desk job predominantly <i>Frequency – Hourly/Daily/Monthly</i>	No <input type="checkbox"/>								
Live electrical work	Yes <input type="checkbox"/> <b>Describe</b>	No <input checked="" type="checkbox"/>								
Extreme Temperatures (e.g. heat or cold)	Yes <input type="checkbox"/> <b>Describe</b>	No <input checked="" type="checkbox"/>								
Other potential hazards not mentioned above (e.g. lighting)	Yes <input type="checkbox"/> <b>Specify</b>	No <input checked="" type="checkbox"/>								
<b>SECTION 4 – Noise and Respiratory Hazards</b>										
Frequently uses hearing protection as a control measure for noise levels above Occupational Exposure Levels <i>E.g. greater than 85 dB(A)</i>	Yes <input type="checkbox"/> <b>Specify type of machinery and levels</b> <i>Frequency – Hourly/Daily/Monthly</i>	No <input checked="" type="checkbox"/>								
Products causing lung irritation, <i>E.g. welding, epoxy resins, environmental dusts, animal dander</i>	Yes <input type="checkbox"/> <b>Specify</b>	No <input checked="" type="checkbox"/>								
Is respiratory protection required to be worn for any aspect of the role? <i>E.g. full face/half face masks or disposable masks</i>	Yes <input type="checkbox"/> <b>Specify</b> <i>Frequency – Hourly/Daily/Monthly</i>	No <input checked="" type="checkbox"/>								
For all workers at ANSTO issued close fitting respiratory protective equipment, a fit test must be conducted by WHS to ensure an appropriate face seal is achieved. Supervisors are required to identify and arrange for this training need via the Learning Management System. <b>Refer to <a href="#">AG-2058 WHS Training Handbook</a></b>										
Will any confined space work be required ( <i>this is not restricted to entry, can include design or assessment</i> )	Yes <input type="checkbox"/> <b>Specify</b>	No <input checked="" type="checkbox"/>								
Scuba diving <i>Supervisors to ensure yearly medical by medical practitioner</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>								
<b>SECTION 5 – Ionising Radiation and/or Non-ionising Radiation (Laser, Ultraviolet, Electromagnetic)</b>										
Does the role include or have the potential to include entry to a Radiation or Contamination classified area?	Yes <input type="checkbox"/> <b>This JDA must be reviewed by a RPA (Section 10) and must register with ANSTO</b> <b>What type of classified areas will the individual potentially be working in?</b> Select all that apply:  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Radiation:</b></td> <td style="width: 50%;"><b>Contamination:</b></td> </tr> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Blue</td> <td><input type="checkbox"/> Blue</td> </tr> <tr> <td><input type="checkbox"/> Red</td> <td><input type="checkbox"/> Red</td> </tr> </table>	<b>Radiation:</b>	<b>Contamination:</b>	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> Blue	<input type="checkbox"/> Blue	<input type="checkbox"/> Red	<input type="checkbox"/> Red	No <input checked="" type="checkbox"/> Go to UV question
<b>Radiation:</b>	<b>Contamination:</b>									
<input type="checkbox"/> White	<input type="checkbox"/> White									
<input type="checkbox"/> Blue	<input type="checkbox"/> Blue									
<input type="checkbox"/> Red	<input type="checkbox"/> Red									
Will the role be working with radioactive material?	Yes <input type="checkbox"/>  <b>What are the main radionuclides present in the work area?</b> <b>Specify</b>	No <input checked="" type="checkbox"/>								

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Radioactive Material (continued)	<p><b>What are the chemical forms of the radionuclides present in the work area?</b> Select all that apply:</p> <p><input type="checkbox"/> Soluble <input type="checkbox"/> Insoluble</p> <p><b>What are the physical forms of the radionuclides present in the work area?</b> Select all that apply:</p> <p><input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas/Vapour</p> <p><b>Are the radiation sources in the work area sealed or unsealed?</b> Select all that apply:</p> <p><input type="checkbox"/> Sealed <input type="checkbox"/> Unsealed</p>	
Radiation apparatus <i>e.g. x-ray machine, accelerator, cyclotron, synchrotron</i>	Yes <input type="checkbox"/> <b>Specify</b>	No <input checked="" type="checkbox"/>
Ultraviolet radiation, <i>e.g. including apparatus, and outdoor or field workers</i>	Yes <input type="checkbox"/> <b>Specify</b>	No <input checked="" type="checkbox"/>
Lasers – Class 3 or 4	Yes <input type="checkbox"/> <b>Specify</b>	No <input checked="" type="checkbox"/>
Electric and/or magnetic fields	Yes <input type="checkbox"/> <b>Specify</b>	No <input checked="" type="checkbox"/>
<b>SECTION 6 – Psychosocial Demands</b>		
Work Schedule <i>e.g. long/unpredictable hours, shift work, varied hours</i>	Yes <input checked="" type="checkbox"/> <b>Describe briefly</b> There will be events and unplanned work that may be required to be done outside of core hours at times	No <input type="checkbox"/>
Workload and pace (high or low)	Yes <input checked="" type="checkbox"/> <b>Describe briefly</b> this is a busy role requiring manding multiple projects at any point in time	No <input type="checkbox"/>
Remote or isolated work <i>e.g. geographically, off-site, outside core hours, lone working</i>	Yes <input type="checkbox"/> <b>Describe briefly</b>	No <input checked="" type="checkbox"/>
Job control <i>reporting, responsibility levels</i>	Yes <input type="checkbox"/> <b>Describe briefly</b>	No <input checked="" type="checkbox"/>
Travelling	Yes <input checked="" type="checkbox"/> <b>Describe briefly</b> On occassions	No <input type="checkbox"/>
Time constraints <i>e.g. Production targets, project work</i>	Yes <input type="checkbox"/> <b>Describe briefly</b>	No <input checked="" type="checkbox"/>
<b>SECTION 7 – Microbial/Biological</b>		
Supervisors must ensure staff arrange for required vaccinations within one month of commencement of employment. Please contact ANSTO Occupational Health Centre (Building 21 extn 3362)		
Infectious Microorganisms	Yes <input type="checkbox"/> <b>Specify</b>	No <input checked="" type="checkbox"/>
Use or care of Animals	Yes <input type="checkbox"/> <b>Specify</b>	No <input checked="" type="checkbox"/>
Rats/Mice/Rabbit	Yes <input type="checkbox"/> <b>Specify</b>	No <input checked="" type="checkbox"/>
Bats	Yes <input type="checkbox"/> <b>Specify</b>	No <input checked="" type="checkbox"/>
Native Fauna	Yes <input type="checkbox"/> <b>Specify</b>	No <input checked="" type="checkbox"/>
Human Pathogens – group 3 and 4. <i>Refer to AS/NZS 2243.3</i>	Yes <input type="checkbox"/> <b>Specify</b>	No <input checked="" type="checkbox"/>
Unfixed Blood or Human Tissue	Yes <input type="checkbox"/> <b>Specify</b>	No <input checked="" type="checkbox"/>
Exposure to rubbish collection, sewerage, stormwater or other potentially contaminated waterways	Yes <input type="checkbox"/> <b>Specify</b>	No <input checked="" type="checkbox"/>

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Other biological risks not previously mentioned	Yes <input type="checkbox"/> <b>Specify</b>	No <input checked="" type="checkbox"/>
<b>SECTION 8 – Hazardous Substances</b>		
<p>Hazardous Substances</p> <p>If a person is exposed to a hazardous chemical requiring health monitoring at levels likely to cause adverse health effects (as documented in a risk assessment), then in accordance with the Work Health and Safety Regulations 2011 Schedule 14 health monitoring (with the addition of asbestos and lead) must be arranged.</p>	<p>Please tick all that apply:</p> <p><input type="checkbox"/> Acrylonitrile*</p> <p><input type="checkbox"/> Arsenic (inorganic)</p> <p><input type="checkbox"/> Asbestos</p> <p><input type="checkbox"/> Benzene*</p> <p><input type="checkbox"/> Cadmium</p> <p><input type="checkbox"/> Chromium (inorganic)</p> <p><input type="checkbox"/> Creosote</p> <p><input type="checkbox"/> Crystalline silica</p> <p><input type="checkbox"/> Isocyanates</p> <p><input type="checkbox"/> Lead (inorganic)</p> <p><input type="checkbox"/> Mercury (inorganic)</p> <p><input type="checkbox"/> 4,4'-Methylene bis (2-chloroaniline) (MOCA)*</p> <p><input type="checkbox"/> Organophosphate pesticides</p> <p><input type="checkbox"/> Pentachlorophenol (PCP)</p> <p><input type="checkbox"/> Polycyclic aromatic hydrocarbons (PAH)</p> <p><input type="checkbox"/> Thallium</p> <p><input type="checkbox"/> Vinyl chloride*</p> <p><small>*Also a restricted carcinogen listed in Schedule 10 of WHS Regulations 2011</small></p> <p><b>Specify Below</b> Describe frequency of exposure in terms of how often or how long worker is exposed, and the concentration or the level (low, moderate, high) of the agent;</p>	No <input checked="" type="checkbox"/>
Nanoparticles ( <i>defined as particles with at least one dimension measuring less than 100 nanometres</i> )	Yes <input type="checkbox"/> <b>Specify, e.g. type of nanoparticles</b>	No <input checked="" type="checkbox"/>
Other hazardous substances (dusts, gases, fumes, liquids etc)	Yes <input type="checkbox"/> <b>Specify,</b>	No <input checked="" type="checkbox"/>
<b>SECTION 9 – Supervisors/Hiring Manager Details</b>		
<b>Name:</b>	Cassandra Casey	<b>Phone:</b> 97173770
<b>Email:</b>	csd@ansto.gov.au	
<p>As Supervisor/Hiring Manager you are responsible for:</p> <ul style="list-style-type: none"> <li>Consulting with workers on matters directly affecting their health and safety including notification of health monitoring where a significant risk has been identified.</li> <li>Ensuring that all new workers receive appropriate health monitoring prior to employment as required.</li> <li>Ensuring that worker confidentiality is maintained at all times.</li> </ul> <p><i>I confirm that the information above is an accurate reflection of the position requirements.</i></p>		
<b>Signature:</b>	 <b>Cassandra Casey (csd)</b>	<b>Date:</b> 6/12/2019

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### END OF FORM

Once this Section has been completed, the supervisor/manager must send this with the Position Description to [hrservicedesk@ansto.gov.au](mailto:hrservicedesk@ansto.gov.au)

#### SECTION 10 - WHS Advisor and RPA (where required), to complete.

##### **WHS Advisor to Complete**

The WHS Advisor, in conjunction with the Occupational Hygienist and Radiation Protection Adviser (RPA) where applicable, will determine the level of Pre-employment (or Pre-placement) required. Where a risk is assessed as moderate or above the WHS Advisor will match the worker to the appropriate level of health assessment.

**WHS risk assessment / review completed** Yes  No

**Comments: Minimal exposures to physical, chemical or biological agents. This will "rarely" cause the consequence of an occupational health impact. Basic Medical Recommended.**

**An ergonomic assessment of the successful candidates workstation should be conducted upon commencement.....**

**Signature:**  **Shilpa Panyam (shilpap)**      **Date: 6/12/19**

##### **RPS Advisor to complete**

**RPS risk assessment / review completed** Yes  No

**Comments:** .....

**Signature:**       **Date:**

#### SECTION 11 – The Occupational Health Physician/ Medical Officer to conduct the health assessment as indicated by the WHS Advisor

Level of Pre-employment (or Pre-placement)	Basic medical	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Audiometry	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Spirometry	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Functional Assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Drug and Alcohol Screening	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Immunisations	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other	

**COMMENTS** e.g. Vaccinations required, whole body monitor, health surveillance program requirements e.g. hearing surveillance, health monitoring for lead (inorganic)