

JOB SAFETY ANALYSIS (JSA)

Vessel Operations



This Job Safety Analysis (JSA) is provided for reference by a Registered Medical Practitioner (RMP) to assist in forming a medical opinion on whether the patient appears able to safely perform the inherent duties of vessel operations. The JSA is not intended to direct, limit, or influence clinical judgement.

The RMP is requested to identify any medical limitations or functional restrictions that may affect the patient's ability to safely perform these duties. Based on the medical advice provided, Marine Rescue NSW will determine whether reasonable adjustments can be made or whether the member should be assigned to modified or non-operational duties where there is a risk to vessel operations, crew safety, or the patient's health.

Operations are typically conducted with minimum crewing, and all crew must be capable of performing their duties safely for the full duration of the shift/operation. If a crew member is unable to continue, the vessel may be required to return to base.

Inherent role requirements	
Requirements	Criteria
Vision	<ul style="list-style-type: none"> <input type="checkbox"/> Distinguish coloured alarms and navigation lights (red/white/green) <input type="checkbox"/> Identify navigation aids and other vessels <input type="checkbox"/> Observe and identify obstacles <input type="checkbox"/> Perform close-up tasks, such as inspecting equipment, fittings, and markings <input type="checkbox"/> Read charts, manuals, gauges, and digital/analogue displays <input type="checkbox"/> Navigate and maintain watch during night or low light conditions
Hearing & Speech	<ul style="list-style-type: none"> <input type="checkbox"/> Hear and respond to alarms <input type="checkbox"/> Communicate clearly, including via radio/headset <input type="checkbox"/> Listen and respond to instructions effectively <input type="checkbox"/> Detect machinery sounds
Consciousness/ Alertness & Fatigue	<ul style="list-style-type: none"> <input type="checkbox"/> Stay alert to people, machinery, and surroundings <input type="checkbox"/> Monitor equipment and instruments <input type="checkbox"/> Respond appropriately in emergencies <input type="checkbox"/> Manage fatigue and maintain attention over long shifts
Physical Capacity	<ul style="list-style-type: none"> <input type="checkbox"/> Bend, reach, scrub, and clean as required <input type="checkbox"/> Ability to safely climb and descend boarding ladders in challenging sea conditions <input type="checkbox"/> Assist with the retrieval of a person or object from the water onto the vessel, using approved equipment and team-based methods <input type="checkbox"/> Use hands and tools for knots, repairs, and machinery <input type="checkbox"/> Moor and unmoor vessels <input type="checkbox"/> Reach overhead and stand for extended periods <input type="checkbox"/> Operate emergency and standard equipment
Other / Operational Requirements	<ul style="list-style-type: none"> <input type="checkbox"/> Operate and respond with fire-fighting and life-saving equipment <input type="checkbox"/> Handle fuels, paints, and chemicals safely by following procedures and SWMS <input type="checkbox"/> Ability to safely access and work on vessel voids, decks and cabin roofs <input type="checkbox"/> Wear and maintain required PPE (Closed-toe footwear, duty jacket, fluoro wet weather jacket and trousers, cap or wide brim hat) & issued RWCO and SOG gear. <input type="checkbox"/> Conduct vessel inspections and plan maintenance tasks <input type="checkbox"/> Work safely on rolling/pitching vessels and in extreme temperatures <input type="checkbox"/> Stand, work overhead, and manage long shifts
Ergonomic Tasks	<ul style="list-style-type: none"> <input type="checkbox"/> Handle anchors and lines (lifting, securing, throwing) <input type="checkbox"/> Board and move safely on the vessel <input type="checkbox"/> Fasten and adjust PPE <input type="checkbox"/> Grip handrails and safety lines <input type="checkbox"/> Tie and untie knots, wind lines



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Slips/Trips/Falls	<input type="checkbox"/> Step safely between vessels, pontoons, and wharves <input type="checkbox"/> Walk safely on wet or uneven surfaces <input type="checkbox"/> Maintain balance and safety on rolling and pitching vessels
Manual Handling	<input type="checkbox"/> Lift, carry, push, and pull objects using safe manual handling techniques, including team-based methods where required <input type="checkbox"/> Bend, crouch, reach, stretch, turn, and twist as required <input type="checkbox"/> Grip and handle equipment safely <input type="checkbox"/> Unhook and handle trailers
Psychosocial/ Mental Resilience	<input type="checkbox"/> Follow, implement, and apply instructions, training, and procedures <input type="checkbox"/> Communicate and cooperate respectfully with the public and team members <input type="checkbox"/> Demonstrate leadership, support, teamwork, and uphold MRNSW values <input type="checkbox"/> Maintain professional reputation, image, and respect <input type="checkbox"/> Manage fatigue and maintain focus during shifts <input type="checkbox"/> Make independent decisions within their authority level when required <input type="checkbox"/> Respond, adapt, and act appropriately during emergencies and critical events <input type="checkbox"/> Work collaboratively, seek help when needed, and support team cohesion

I _____ (print name) give permission for the Registered Medical Practitioner (RMP) to assess me in relation to my ability to safely perform the inherent duties of Vessel Operations.

Patient Signature: _____ **Date:** _____

Patient Member Number/Unit name: _____

Overall Clinical Impression

Based on assessment, in your clinical opinion the patient is:

- Generally, fit to continue usual Marine Rescue NSW duties
- Fit with some limitations (please describe): _____
- Not fit at present (temporary): _____
- Ongoing concerns (recommend further review): _____

Additional recommendations / referrals (if applicable):

- Physiotherapy
- Psychologist/Mental Health Support
- Other: _____

Registered Medical Practitioner (RMP) Signature: _____¹

Registration Number: _____ Date: _____

(The RMP may provide their opinion in any format they consider appropriate, including a separate medical certificate or report, with reference to this JSA).

¹ This reflects a clinical opinion only and does not imply legal or regulatory certification.