

Safe Work Method Statement

Job/Project No. & Name:				This SWMS Covers:								SWMS No:		
SWMS Risk Assessment Team:						Reviewed By:						Date:		
Contractor:														
Inspections required: Weekly a per schedule						Supervisor for Activity:								
Engineering details, certificates, relevant Authority approvals: held on site , copies held at head office														
1. Hazardous Activities Checklist - Hazards identified as being present on site – tick yes or no														
	YES	NO		YES	NO		YES	NO		YES	NO		YES	NO
Heights			Manual handling			Pressure			Underground services			Noise		
Slips, trips			Excavation			Electricity								
			Confined space			cutting, grinding						Chemicals, Hazardous Substances		
Hot work			Ladders			Overhead utilities						Mobile heavy vehicles/plant		
2. Type of permit to work required – tick yes or no														
Activity		YES	NO	Activity		YES	NO	Activity		YES	NO			
Demolition				Confined space entry				Other - High Risk Activity						
3. PPE Requirements (additional to the standard site PPE requirements of high visibility vest and safety boots)										5. Safety Management Plan Requirements				
4. Refer to Safety Data Sheet, statutory requirements, Codes of Practice, relevant attachments to Permits														
	YES	NO		YES	NO		YES	NO		YES	NO		YES	NO
Goggles			Dust Mask			Safety Glasses			Barricading/Signs			Emergency Response Plans		
Face Shield			Safety Helmet			Height-Safety Harness						Plant & Equipment Condition		
Respirator (full face/half face)			Gloves			Other:			Other:			Other:		
Respirator (P1/P2 mask)			Full length clothing – arm/leg			Extinguishers			Other:			Other:		
Details of any special controls to be taken: As per SSPSP requirements and mandatory AOC requirements for site safety														
Emergency Response Plan for the Activity: As per Pre Start meeting and Evacuation plan														

Details of special controls to be taken:

- Hazards that residual risk rate Extreme (Red) will require cessation of the activity until controls are implemented to reduce risk. Immediate & urgent Senior Management action / Daily monitoring required until risk is reduced.
- Hazards that residual risk rate High (Orange) will require immediate action. Weekly monitoring required.

- Hazards that residual risk rate Medium (Yellow) will require action within the next 14 days. Monthly monitoring required.
- Hazards that residual risk rate Low (Green) will be managed by routine procedures (SOP, SWP, WI, etc). Monitored six monthly.

ITEM No.	TASK associated with the HAZARD	HAZARD Against task / task step list the potential / risk hazards that could cause injury / damage when the task step is performed	Likelihood	Consequence	Initial Risk Rank C H M L	REQUIRED CONTROL MEASURE List the control measures required to eliminate or minimise the risk of injury for each hazard identified, using the hierarchy of control measures: 1. Eliminate 2. Substitute 3. Isolate 4. Engineering 5. Administration 6. PPE	Likelihood	Consequence	Residual Risk Rank C H M L	RESPONSIBILITY Nominate the person required to action the control measures
1	Cutting timber	Cuts and dust inhalation				PPE + dust masks, Correct tool operation manuals				
2	Slips fall trips	Strains , falls, broken bones				Identify the hazards and 5X5 rule applied				
3	Working at height	Falls,				Hard hats , harness if required , PPE				
4	Manual handling	Strains , pull, heavy lifting				5x5, Back restrain, level ground, and adequate load distribution				
5	Electricity	Electrocution				Tagged , dry leads, 5x5,				
6	Noise	Loss hearing ,				PPE, ear plugs				

1. Plant/Equipment and Training for Tasks associated with Hazards identified as being present on site			
Task	Training required	Plant/Equipment required	Plant /Equipment inspections required

2. The following personnel have been trained in this SWMS and have read, understood and accepted the control measures detailed to be implemented:			
Name	Signature	Name	Signature