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| Safe Work Method Statement (SWMS)  |
| Business Contact: | Phone #:  | Principal Contractor (PC): |
| Responsible person *(for monitoring SWMS and work):* | Responsible person *(for monitoring SWMS and work):* |
| Signature:  | Date:  | PC Phone #: | Date SWMS provided to PC: |
| Contact Phone #: | Contact Phone #: |
| **This work activity involves the following Hazardous Work and Environmental Impacts** |
| [ ]  Electrical equipment | [ ]  Elevated levels | [ ]  Slips, trips and falls  | [ ]  Hazardous substances | [ ]  ? |
| [ ]  Hot Work | [ ]  Hazardous manual tasks | [ ]  Outdoor work | [ ]  Remotely &/or isolated work | [ ]  ? |
| [ ]  Noise and vibration | [ ]  Native vegetation & weeds  | [ ]  Air quality | [ ]  Waste  | [ ]  Vehicle movement |
| [ ]  Fuels, oils & chemicals | [ ]  Terrestrial fauna | [ ]  Waterways & soils | [ ]  Cultural heritage | [ ]  ? |
| **This work activity involves the following “High-Risk Construction Work” (HRCW -** *identified in the Job Task column***)** |
| [ ]  Confined spaces | [ ]  Mobile plant movement | [ ]  Demolition of a load-bearing structure | [ ]  Asbestos disturbance |
| [ ]  Using explosives | [ ]  Diving work | [ ]  Artificial extremes of temperature | [ ]  Tilt-up or pre-cast concrete |
| [ ]  Pressurised gas distribution mains or piping chemical, fuel or refrigerant lines energised electrical installations or services  |
| [ ]  Structures or buildings involving structural alterations or repairs that require temporary support to prevent collapse |
| [ ]  Involves a risk of a person falling from 2m or more, including work on telecommunications towers |
| [ ]  Working at depths greater than 1.5 Metres, including tunnels or mines | [ ]  Work in an area that may have a contaminated or flammable atmosphere |
| [ ]  Work carried out adjacent to a road, railway or shipping lane, traffic corridor | [ ]  In or near water or other liquid that involves the risk of drowning |
| Foot Protection | Hearing Protection | HighVisibility | Head Protection | Eye Protection | Face Protection | Hand Protection | Protective Clothing | Breathing Protection | Sun Protection | Safety Harness | Rings, watches, jewellery that may become entangled must not be worn. Long and loose hair must be tied back. |
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| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | **[ ]**  | **[ ]**  |

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| **Planning/Preparation** | * Liaise with Principal Contractor to identify on-site safety systems and procedures
* Establish supervisory and communication arrangements
* Principal contractor to confirm emergency response procedures are in place.
 |
| **Hold Points** | * Hold points identified and signed off before continuing work. *Specify?*
 |
| **Training/Licence** | * All workers to have a General Construction Induction Card
* Relevant workers have relevant certificates of competency, licenses, and training.
* Trained First Aider on site
* All workers trained in site-specific emergency and evacuation procedures, SWMS, safe work procedures, and safety data sheets.
 |
| **Worker duties and responsibilities** | * Fit condition for work, i.e. no signs of fatigue, alcohol or drugs
* Attend all site inductions/briefings
* Comply with all site requirements, e.g. PPE, Traffic Management Plans (TMP)
* Only carry out work related to the contract
* Inspect completed work and report possible safety, environmental and quality matters to the Supervisor.
 |
| **Monitor/Review** | * All persons involved in the task must have this SWMS communicated to them before work commences
* SWMS to be reviewed and amended if necessary, in consultation with relevant persons after any near miss or incident
* If additional site hazards identified, review this SWMS and amend control measures to suit
* People, including workers, contractors and sub-contractors, affected by the revisions to this SWMS, must be informed ASAP
* Give the principal contractor a copy of the revised SWMS
* The site supervisor to monitor works against the controls stated in this SWMS
* SWMS must be kept on-site and made available for inspection or review
* Keep a record of this SWMS until the job is complete or for two years if involved in a notifiable incident
* Regardless of any other factor, the person in control of the workplace must review this SWMS at least annually.
 |
| **Site-Specific Notes:** | **Act, Regulations, Codes of Practice References:***Refer to your tax invoice for your free download.* |

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| **Likelihood** | **Insignificant** | **Minor** | **Moderate** | **Major** | **Catastrophic** | **Score** | **Action** |
| **Almost certain** | **3 - High** | **3 - High** | **4 - Acute** | **4 - Acute** | **4 - Acute** |
| **Likely** | **2 - Moderate** | **3 - High** | **3 - High** | **4 - Acute** | **4 - Acute** | **4A - Acute** | **DO NOT PROCEED.** |
| **Possible** | **1 - Low** | **2 - Moderate** | **3 - High** | **4 - Acute** | **4 - Acute** | **3H - High** | Review before commencing work. |
| **Unlikely** | **1 - Low** | **1 - Low** | **2 - Moderate** | **3 - High** | **4 - Acute** | **2M - Moderate** | Maintain control measures. |
| **Rare** | **1 - Low** | **1 - Low** | **2 - Moderate** | **3 - High** | **3 - High** | **1L - Low** | Record and monitor. |
| **HIERARCHY OF CONTROLS** | **Most Effective** |  | **Least Effective** |

| **Job Task** | **Hazards** | **Risk** | **Control Measures** | **Responsible Person** |
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| 1. **HRCW** Emergency response
 | * Injury
* Fatality
* Environmental damage
 | 4A | * **For police, fire or ambulance call ‘000.’**
* Follow site emergency and evacuation procedures
* A communication system is available, e.g. a mobile phone or radio
* Check for dangers to self before helping others
* Maintain control of the area and stabilise the situation
* Apply first aid to the injured worker
* Complete an incident report.
 | * ***Refer to your SWMS implementing instructions for further specific emergency responses****.*
 | **Supervisors** and **workers** ensure controls followed |

| **Overall Risk Rating after Controls** | **[ ]  1 - Low** | **[x]  2 - Moderate** | **[ ]  3 - High** | **[ ]  4 - Acute** |
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| **Permits** | [ ]  Not applicable | [ ]  Hot Work | [ ]  Confined Space | [ ] Local council | [ ]  ? | [ ]  ? |
| **Plant & Equipment** |  | **Hazardous Substances** | **Supervisory Arrangements**  |
| [ ]  Electrical tools and leads | Tested and tagged quarterly | *List hazardous substances taken on-site and have the SDS on-site.*1.
2.
3.
4.
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10.
11.
 | [ ]  Audits[ ]  Spot Checks[ ]  Reporting systems [ ]  Suitably qualified supervisors for job[ ]  Direct on-site supervision[ ]  Remote site: communication systems/schedule |
| [ ]  Hand tools - Meet AS/NZS | Regular visual inspection |
| [ ]  Ladders - Meet AS/NZS | Inspected and tagged out if damaged |
| [ ]  Mobile plant-*specify* | Inspected and tagged out if damaged |
| [ ]  ? |  |
| [ ]  ? |  | **Site Management Plan** |
| [ ]  ? |  | Is the work associated with a Construction Project? [ ]  **Yes** **[ ]  No***If yes* – This SWMS must align with requirements of the Site Management Plan in place for the Construction Project. |
| [ ]  ? |  |
| [ ]  ? |  |
| [ ]  ? |  |

| **SWMS Sign-off** | This SWMS developed in consultation and cooperation with workers and relevant organisation representatives. I have read the above SWMS, and I understand its contents. I confirm that I have the skills and training, including relevant certification, to conduct the task as described.I agree to comply with safety requirements within this SWMS, including risk control measures, safe work instructions and PPE described. |
| --- | --- |
| **Workers’ Name** | **Job Role / Position**E.g. Supervisor, Worker, Trainee | **Licences, competencies & qualifications** *(add as applicable)* | **Date** | **Signature** |
| **Type / Description** | **Class** | **Number** |
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