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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 | High  Visibility | | 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. |
|  | A picture containing clipart  Description automatically generated |  | | A picture containing clipart  Description automatically generated | | |  | | |  |  | | | A picture containing clipart  Description automatically generated | |  |  | | | |  |
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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** | **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.* | | 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. | |
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| **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. | | | | | |
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| **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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