

Safe Work Method Statement



Job / Task description:

Site:

Date:

Job No:

Work group:

Prepared by (print name):

Reviewed by (print name) :

No. of pages:

Reviewer's signature:

Date:

PERMIT – CROSS IF REQUIRED:

- | | |
|---|--|
| <input type="checkbox"/> Confined space entry | <input type="checkbox"/> Crane Lifts |
| <input type="checkbox"/> Hot work | <input type="checkbox"/> High voltage |
| <input type="checkbox"/> Working from heights | <input type="checkbox"/> Trench deeper than 1.5m |

Low	Okay to proceed
Moderate	Okay to proceed
High	Obtain manager approval
Extreme	STOP WORK! Do not proceed

IS THIS HIGH RISK WORK?

No (go to page 2)

Yes (Identify the risks involved using the list below)

HIGH RISK WORK: Applicable to this work activity (cross if applicable)

<input type="checkbox"/> Risk of person falling more than two metres	<input type="checkbox"/> Work in an area that may have a contaminated or reduced atmosphere	<input type="checkbox"/> Demolition of load-bearing structure
<input type="checkbox"/> Involving removal or likely disturbance of asbestos <small>(note: preparation of an asbestos control plan is taken to be preparation of a SWMS)</small>	<input type="checkbox"/> Structural alterations that require temporary load-bearing support to prevent collapse	<input type="checkbox"/> Work involving a confined space
<input type="checkbox"/> Work in or near shaft or trench with an excavated depth more than 1.5m	<input type="checkbox"/> Work on or near pressurised gas distribution mains or piping	<input type="checkbox"/> Involving manual handling of heavy loads
<input type="checkbox"/> Work on or near chemicals or fuel	<input type="checkbox"/> Work on or near energised electrical installations or services	<input type="checkbox"/> On platforms and walkways
<input type="checkbox"/> Work in an area with any movement of powered mobile plant	<input type="checkbox"/> Work on or adjacent to roadways or pedestrian traffic	<input type="checkbox"/> Involving the use of hazardous materials
<input type="checkbox"/> Work in areas where there are extremes of temperature	<input type="checkbox"/> Work in, over or adjacent to water or other liquids where there is a risk of drowning	<input type="checkbox"/> Involving diving
<input type="checkbox"/> Other [please specify]:		

Person responsible for ensuring compliance with Safe Work Method Statement (SWMS) (print name):

What measures are in place to ensure compliance with the SWMS? (e.g. direct supervision, regular spot checks)

Measure:

By whom (print name):

Person responsible for reviewing SWMS control measures (print name):


How will the SWMS control measures be reviewed?


Review date:

REMINDER: Obtain each worker's agreement and sign-off prior to commencing this work – refer pg 6.

PPE to be used for the duration of the job (cross)



High Vis + Safety Boots


Hard Hat


Eye Protection


Hearing Protection


Gloves


Fall Arrest (when aloft)


Dust Mask


Full Body Protection

STOP

- Take a moment to plan the job. It will go smoother with planning.
- Spot the hazards. Look close, look wide, look above, look below and use the prompt sheet on the last page.

THINK

- Think through the job. Understand the task. Stop and look around the work area. Think through the steps of the job.

ACT

- Put all the controls in place and check they work well. Check you're working safely.
- Use the risk matrix on the second last page for the risk rating.

SELECTING RISK CONTROLS:

Any risk to health and safety must be **eliminated**, or if that is not reasonably practicable, reduced so far as it is reasonably practicable by:

- implementing any mandated controls specified by law (e.g. the *OHS Regulations 2017*)
- substituting a new activity, procedure, plant, process or substance (e.g. scaffold in preference to ladders)
- isolating persons from the hazard (e.g. fence off areas for mobile plant operation)
- using engineering controls (e.g. guard rails, trench shields) – or a combination of the above.

If any risk to health and safety remains, it must be reduced by using:

- administrative controls (e.g. activity specific training, work instructions, warning signs)
- PPE such as respiratory protection, hardhats, high visibility clothing – or a combination of the above.

JOB STEP No.	JOB TASK or ACTIVITY	POTENTIAL HAZARD	Hazard Risk Rating (as is, cross <input type="checkbox"/>)	CONTROL or ACTIONS required	CONTROLLED RISK RATING (cross <input type="checkbox"/>)	RESPONSIBILITY for CONTROLS or ACTIONS
			<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E		<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	
			<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E		<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	
			<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E		<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	

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			<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E		<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	
			<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E		<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	
			<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E		<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	
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MANAGER APPROVAL SOUGHT (approval to proceed where some steps still include **high risks** after controls are implemented)

Approval from manager

Name: Date: Time:

ALL WORKERS TO AGREE AND SIGN-OFF

- I have read the relevant parts of this SWMS, and understand and agree to implement the controls and safe work methods.
- I also agree to interrupt unsafe acts and unsafe conditions.

Name: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>





RISK MATRIX (RISK SCORE = CONSEQUENCE X LIKELIHOOD)








LIKELIHOOD	Almost Certain	High	High	Extreme	Extreme	Extreme
	Likely	Moderate	High	High	Extreme	Extreme
	Possible	Low	Moderate	Moderate	High	Extreme
	Unlikely	Low	Moderate	Moderate	Moderate	High
	Rare	Low	Low	Low	Moderate	High
		Insignificant	Minor	Moderate	Major	Catastrophic
	CONSEQUENCES					






HIERARCHY OF CONTROL

Level 1	ELIMINATE the hazards
Level 2	SUBSTITUTE the hazard with something safer
	ISOLATE the hazard from people ENGINEERING controls to reduce the risks
Level 3	ADMISTRATIVE actions to reduce exposure to the hazard PERSONAL PROTECTIVE EQUIPMENT use

Note: Appropriate control measures are to be established for all identified hazards, in accordance with the hierarchy of controls. In some cases it may be necessary to use multiple control methods; however the highest ranked control measure practicable must be explored and adopted where practical.

Category	Hazard	High Risk?
Gravitational  <ul style="list-style-type: none"> <input type="checkbox"/> Falling object <input type="checkbox"/> Working at height <input type="checkbox"/> Incomplete scaffolding <input type="checkbox"/> Lifting equipment <input type="checkbox"/> Excavation/trenching <input type="checkbox"/> Use of ladders <input type="checkbox"/> Holes, penetrations, gaps <input type="checkbox"/> Structural failure/exceeding floor/rack load rating 	<input type="checkbox"/> Y <input type="checkbox"/> N	
Electrical  <ul style="list-style-type: none"> <input type="checkbox"/> Damaged/strained cables <input type="checkbox"/> Overhead cables <input type="checkbox"/> Underground cables <input type="checkbox"/> Transformers <input type="checkbox"/> High voltage equipment <input type="checkbox"/> Sub-stations/switch rooms <input type="checkbox"/> No earth leakage protection <input type="checkbox"/> Radiation/laser 	<input type="checkbox"/> Y <input type="checkbox"/> N	
Mechanical  <ul style="list-style-type: none"> <input type="checkbox"/> Unguarded moving parts <input type="checkbox"/> Drawing in/cutting points <input type="checkbox"/> Impact and crushing areas <input type="checkbox"/> Auto-start equipment <input type="checkbox"/> Inadequate isolation points <input type="checkbox"/> Hand and power tool condition <input type="checkbox"/> Welding or cutting <input type="checkbox"/> Abrasive blasting/grinding <input type="checkbox"/> Stored energy <input type="checkbox"/> Interlocks non-operational 	<input type="checkbox"/> Y <input type="checkbox"/> N	
Mobile Plant  <ul style="list-style-type: none"> <input type="checkbox"/> Traffic/pedestrian interaction <input type="checkbox"/> Underground services <input type="checkbox"/> Overhead services <input type="checkbox"/> Rated capacity of forklift <input type="checkbox"/> Poor condition <input type="checkbox"/> Registered plant (out of inspection) <input type="checkbox"/> Unlicensed/untrained operators <input type="checkbox"/> Vehicle instability e.g. rollover <input type="checkbox"/> Driving incident 	<input type="checkbox"/> Y <input type="checkbox"/> N	

Category	Hazard	High Risk?
Pressure  <ul style="list-style-type: none"> <input type="checkbox"/> Compressed gases <input type="checkbox"/> Hydraulic <input type="checkbox"/> High pressure steam <input type="checkbox"/> Water <input type="checkbox"/> Vacuum 	<input type="checkbox"/> Y <input type="checkbox"/> N	
Noise  <ul style="list-style-type: none"> <input type="checkbox"/> Noise e.g. exposure, nuisance <input type="checkbox"/> Vibration 	<input type="checkbox"/> Y <input type="checkbox"/> N	
Thermal  <ul style="list-style-type: none"> <input type="checkbox"/> Steam/condensate <input type="checkbox"/> Hot materials <input type="checkbox"/> Hot surfaces <input type="checkbox"/> Hot work (welding / grinding) <input type="checkbox"/> Heat <input type="checkbox"/> Cold 	<input type="checkbox"/> Y <input type="checkbox"/> N	
Manual Handling (Ergonomic)  <ul style="list-style-type: none"> <input type="checkbox"/> Repetitive/overuse <input type="checkbox"/> High/low reach <input type="checkbox"/> High force/heavy/unbalanced loads <input type="checkbox"/> Awkward postures/prolonged sitting <input type="checkbox"/> Over exertion/fatigue <input type="checkbox"/> Design/layout 	<input type="checkbox"/> Y <input type="checkbox"/> N	
Biological  <ul style="list-style-type: none"> Legionella/bacteria/viruses <input type="checkbox"/> Insects/animals/plants <input type="checkbox"/> Body fluids <input type="checkbox"/> Sharps e.g. needles 	<input type="checkbox"/> Y <input type="checkbox"/> N	
Chemical  <ul style="list-style-type: none"> <input type="checkbox"/> Strong acids/bases (caustic) <input type="checkbox"/> Volatile organic compounds <input type="checkbox"/> Toxic/hazardous substances <input type="checkbox"/> Unlabelled containers <input type="checkbox"/> Gases or vapours, e.g. noxious, fumes <input type="checkbox"/> Asbestos/synthetic mineral fibre <input type="checkbox"/> Inadequate storage 	<input type="checkbox"/> Y <input type="checkbox"/> N	
Psychological  <ul style="list-style-type: none"> <input type="checkbox"/> Fatigue <input type="checkbox"/> Unrealistic workload/disorganisation <input type="checkbox"/> Alcohol/drugs <input type="checkbox"/> Aggression/bullying/assault <input type="checkbox"/> Disrespectful behaviour/communication 	<input type="checkbox"/> Y <input type="checkbox"/> N	

Category	Hazard	High Risk?
General Work Area  <ul style="list-style-type: none"> Access/egress <ul style="list-style-type: none"> <input type="checkbox"/> Confined space <input type="checkbox"/> Restricted work area <input type="checkbox"/> Restricted visibility <input type="checkbox"/> Interaction with others <input type="checkbox"/> Unauthorised personnel/public Weather <ul style="list-style-type: none"> <input type="checkbox"/> Illumination/glare/transition <input type="checkbox"/> Wet/slippery <input type="checkbox"/> Windy <input type="checkbox"/> UV exposure Housekeeping <ul style="list-style-type: none"> <input type="checkbox"/> Slip and trip hazards <input type="checkbox"/> Poor ventilation <input type="checkbox"/> Dust <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Protrusions 	<input type="checkbox"/> Y <input type="checkbox"/> N	
Fire / Explosion  <ul style="list-style-type: none"> <input type="checkbox"/> Inappropriate chemical storage <input type="checkbox"/> Oxy-acetylene welding <input type="checkbox"/> Flammable liquids/gases use and storage <input type="checkbox"/> Self-ignition combustibles e.g. dust, vapour, powder, gases 	<input type="checkbox"/> Y <input type="checkbox"/> N	
Environmental  <ul style="list-style-type: none"> <input type="checkbox"/> Soil, water or air contamination <input type="checkbox"/> Stormwater contamination <input type="checkbox"/> Contaminated materials <input type="checkbox"/> Waste e.g. effluent, hazardous <input type="checkbox"/> Solid/packaging waste <input type="checkbox"/> Spill/risks/overflow 	<input type="checkbox"/> Y <input type="checkbox"/> N	
Emergency  <ul style="list-style-type: none"> <input type="checkbox"/> Lack of first aid facilities <input type="checkbox"/> Inadequate emergency systems <input type="checkbox"/> Working alone/remote work 	<input type="checkbox"/> Y <input type="checkbox"/> N	
Other  <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> Y <input type="checkbox"/> N	