













Safe Work Method Statement

Safe Work Method Statement: Part 1

Company Details												
Company Name		ABN/ ACN:		Address:								
Contact Name/				Position								
Phone				Email								
Project/ Activity Details												
Activity												
Site address	147 Brisbane Road Biggera Waters						Area/ Location					
Activity description:												
Activity/ Project:												
Relevant workers /& others e.g. Site Manager are to be consulted in the development, approval & communication of the SWMS. List below of persons consulted in the development of this SWMS							SWMS Approved by			Page 1 of		
Name	Signature	Job Title	Date	Name:		Date:		Signature:				
Overall Risk Rating Summary												
Person responsible for monitoring and managing activity :								Initial Risk		Residual Risk		
Administration												
<ul style="list-style-type: none"> All persons involved in this task must have this SWMS communicated to them prior to work commencing. Daily Pre Start to be undertaken to identify, control and communicate site hazards. Work to cease immediately if an incident or near miss occurs. 						<ul style="list-style-type: none"> SWMS to be amended in consultation with relevant persons Amendments to be approved by Harbour Town & communicated to all workers before work resumes Record of SWMS to be kept until job is complete 						
PPE: (Check) where applicable document specific type												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
												
Other related requirements :				SPF 30+ Sunscreen, hat & UV rated clothing. Shoes to be anti-slip Eye protection – to be tinted for sun protection								

SWMS Number:

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SWMS Part 2: Task breakdown, hazard identification, risk assessment and controls

Item	Job steps	Hazards	Risks/ Impacts	Initial Risk			Risk Control Treatment What will be done to make it safe?	Residual Risk			Responsible Person	
				L	C	S		L	C	S		
Site Admin / Work Approval												
1	Works to proceed/ Pre Start	Unauthorised access, bad weather, wet surface – work conditions not suitable					Sign in SWMS review Permit to Work No work in bad weather and/or by unsuitable staff Workers inducted to SWMS & Pre start Inspect fall arrest to ensure tagged in date.				Supervisor	
		Inexperienced/ incompetent worker										
Site Set Up												
2.	Set up exclusion zone	Pedestrians/ Unauthorised access.			1	1	1	Exclusion zone to be large enough for falling objects. Exclusion zone to have adequate signage. Spotter to be in place before work from heights undertaken. PPE to be used.				Person conducting work
3												
4.												
Work Activity												
5.												
6.												
7.												
8												

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Item	Job steps	Hazards	Risks/ Impacts	Initial Risk			Risk Control Treatment What will be done to make it safe?	Residual Risk			Responsible Person
				L	C	S		L	C	S	
9											
10											
11											
12											
13											
14.											
12											
Site Pack up/ Clean Up											

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Part 3; Administration Controls

Formal training, licenses required for workers undertaking this task :		Duties of workers undertaking this task		Training in the following safe work procedures / SWMS/ training modules is required:		
Details of Supervisor arrangements for workers undertaking this task		Details of regulatory permits/ licenses/ engineering details/ certificates/ WorkCover Approvals etc.		Relevant Legislation, Codes of Practice etc.		
Plant/ tools/ equipment [List plant & equipment to be used on the job]			Maintenance details for plant/ equipment used on the job [include cranes, forklift, electrical equipment etc.]			
Rescue and Emergency Plan						
What Permits/Checklists are Required?						
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Confined Spaces	<input type="checkbox"/> Electrical/Gas Isolation	<input type="checkbox"/> Excavation	<input type="checkbox"/> Hot Works	<input type="checkbox"/> Working at Heights	<input type="checkbox"/> Working on Roofs/Ceiling

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Safe Work Method Statement: Part 3- Communication & Review

This SWMS has been developed in consultation and cooperation with workers and relevant persons conducting business or undertaking.

I have read the SWMS and understand the contents.

I confirm I am fit to undertake the task and have the skills, knowledge, and training including relevant certification to conduct the task as described. I agree to comply with safety requirements with this SWMS including the Personal Protective Equipment described.

Name	Position	Signature	Date	Time	Employer

Review No	1	2	3	4	5	6	7
Name							
Signature							
Date							

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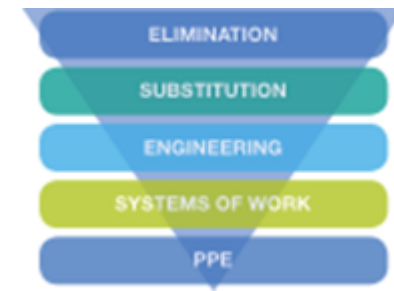
SWMS: Part 4: Risk Assessment Matrix

Likelihood		Consequences	
		Health and Safety	Environment/Corporate Social Responsibility
5 Very High	Almost certain to occur in identified circumstances without controls Number and regularity of report incidents or risks indicates trend, expecting with near certainty it will occur again Quantified very high exposure without controls	5 Very Large Fatality due to injury or occupational illness; kidnapping of employee; evacuation of employees due to threat of fatality	Irreversible and/or offsite damage; clean up or remedy from damage result is remediation work lasting >12 months; regulatory notification compulsory with public investigation likely; impact on local community leads to community outrage
4 High	Strong anecdotal evidence that it is likely to occur in identified circumstance without any controls Number and regularity of report incidents or risks indicates trend, but not expecting with near certainty it will occur again Quantified high exposure without controls	4 Large Permanent disabling injury or occupational illness	Long term environmental damage, pollution or degradation; discovery of environmental risk with limited offsite impacts; clean up, remediation or rehabilitation will require <36 months
3 Med	May occur in identified circumstances without controls Number and regularity of incidents from risk is infrequent Quantified moderate exposure without controls	3 Medium Lost time injury or occupational illness	Medium term environmental damage; discovery of environmental risk with limited onsite impacts; clean up, remediation or rehabilitation will require <12 months
2 Low	Could occur in identified circumstances without controls 1 or 2 incidents arising from the risk Quantified low exposure without control	2 Small Offsite medical treatment	Short term environmental damage, pollution or degradation event; discovery of environmental risk with limited onsite impacts clean up, remediation or rehabilitation will require up to 1 month
1 Very Low	Highly unlikely to occur in identified circumstances without controls No evidence of incidents No quantified or known exposure to the risk without controls	1 Very Small Onsite first aid treatment	Minor onsite environmental damage, pollution, or degradation event; clean up, remediation or rehabilitation will require <24 hrs

Risk Matrix			Consequences [Rated by impact]				
			Very Small	Small	Medium	Large	Very Large
			1	2	3	4	5
Likelihood	Very High	5	5	10	15	20	25
	High	4	4	8	12	16	20
	Medium	3	3	6	9	12	15
	Low	2	2	4	6	8	10
	Very Low	1	1	2	3	4	5
Critical = 21-25							
Significant = 15-20							
Moderate = 9-14							
Minor = 3-8							
Negligible = 1-2							

Hierarchy of Risk Control

Consider the Hierarchy of Risk Control when selecting control actions to ensure the most effective control possible is used rather than the lower level control actions



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