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| **SAFE WORK METHOD STATEMENT SWMS NO:** **Work Activity Description:** |
| *NOTE: Work must be performed in accordance with this SWMS. This SWMS must be kept and be available for inspection until the high risk construction work to which this SWMS relates is completed. If the SWMS is revised, all versions should be kept. If a notifiable incident occurs in relation to the high risk construction work in this SWMS, the SWMS must be kept for at least 5 years from the date of the notifiable incident.* |
| **Location:** |  | **Planned commencement date:** |  |
| **Senior Employer Representative:** |  | Signature: | **Business Address:** |  | **ABN:** |  |
| **Personnel Consulted on Development of SWMS:** |  | **To Be Reviewed & Approved By:**  | **Name**  | **Signature:**  | **Date:**  |
| **Personnel Responsible for Monitoring this Activity:** |  |  |  |  |

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| **High Risk construction Activity: YES**  | [ ]  Risk of a person falling more than 2 metres (*Note:* in some jurisdictions this is 3 metres)  | [ ]  Work on a telecommunication tower | [ ]  Demolition of load-bearing structure |
| [ ]  Likely to involve disturbing asbestos | [ ]  Temporary load-bearing support for structural alterations or repairs | [ ]  Work in or near a confined space / Restricted Space |
| [ ]  Work in or near a shaft or trench deeper than 1.5 m or a tunnel | [ ]  Use of explosives | [ ]  Work on or near pressurised gas mains or piping |
| [ ]  Work on or near chemical, fuel or refrigerant lines | [ ]  Work on or near energised electrical installations or services | [ ]  Work in an area that may have a contaminated or flammable atmosphere |
| [ ]  Tilt-up or precast concrete elements | [ ]  Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians | [ ]  Work in an area with movement of powered mobile plant |
| [ ]  Work in areas with artificial extremes of temperature | [ ]  Work in or near water or other liquid that involves a risk of drowning | [ ]  Diving work |

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| **Permits:**  |  | **Isolation Points:** **RIP Box Type and Location:**  |  |
| **Personnel Qualifications Required for this Activity:**  |  |
| **Specific Training Required for this Activity**:  |  |
| **Warning signs and control measures:**  |  |
| **Personal protective clothing and equipment required** *(tick applicable boxes after completing task descriptions and hazard control measures)* |
| Hard hat /Hi-vis vestSafety boots[ ]  | Eye protection[ ]  | Hand protection[ ]  | Ear protection[ ]  | Life jacket[ ]  | Protective clothing[ ]  | Dust mask[ ]  | Fall protection[ ]  | Face protection[ ]  | Respirator[ ]  | Description: Gas DetectorGas detector[ ]  | Tripod(Confined space)[ ]  |

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| **Applicable Legislation, Standards and Codes of Practice, References:**

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| * **WHS REGS 2017 – NSW**
 | * [Confined spaces COP 2011](https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0010/58159/Confined-spaces-COP-2011.pdf)
 |
| * **WHS ACT 2011 - NSW**
 | * [Children and young workers COP 2006](https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0008/58157/children-young-workers-cop-2006.pdf)
 |
| * [Electrical safety COP 2013 - Managing electrical risks in the workplace](file:///C%3A%5C%5CUsers%5C%5CDGreen%5C%5CDesktop%5C%5CLaminex%20-%20USB%5C%5CDG%20Templates%5C%5CElectrical%20safety%20Code%20of%20Practice%202013%20-%20Managing%20electrical%20risks%20in%20the%20workplace)
 | * [How to manage work health and safety risks COP 2011](https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0003/58170/Manage-WHS-risks-COP-2011.pdf)
 |
| * [Hazardous manual tasks COP 2011](file:///C%3A%5C%5CUsers%5C%5CDGreen%5C%5CDesktop%5C%5CLaminex%20-%20USB%5C%5CDG%20Templates%5C%5CHazardous%20manual%20tasks%20Code%20of%20Practice%202011)
 | * [Mobile crane COP 2006](https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0008/58175/mobile-crane-cop-2006.pdf)
 |
| * [Managing risks of plant in the workplace COP 2013](https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0006/58173/Managing-risks-of-plant-COP-2013.pdf)
 | * [Managing noise and preventing hearing loss at work COP 2011](https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0009/58176/Noise-preventing-hearing-loss-COP-2011.pdf)
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| * [Managing the risk of falls at workplaces COP 2018](https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0004/58171/managing-risks-falls-workplaces-cop-2018.pdf)
 | * [Traffic management for construction or maintenance work COP 2008](https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0018/58203/traffic-management-construction-cop-2008.pdf)
 |
| * [Scaffolding Code of Practice 2009](https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0010/58195/scaffolding-cop-2009.pdf)
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| * [Work health and safety consultation, co-operation and co-ordination COP 2011](https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0020/58205/WHS-consultation-coop-coord-COP-2011.pdf)
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 | **Task Specific Personal Protective Equipment (PPE) requirements:** |

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| **Emergency Response** |
| **Assembly / Muster point:** **Emergency signal :****First Aider**: **First Aid Kit Location:** **Extinguisher Location:** **Spill Kit Location :****Other :**  | **Powered plant and equipment to be used** | **Chemicals to be used** | **SDS immediately available (Y/N)** |
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| **Risk Assessment Matrix** |
| **Likelihood** |
| **Consequence** | **Rare**Likely to occur in very exceptional circumstances | **Unlikely**Could occur at some time | **Possible**May occur at some time | **Likely**Will probably occur or has happened before | **AlmostCertain**Expected to occur |
| **Insignificant**No personal injury, no adverse outcomes | 1-Very Low | 2-Very Low | 4-Low | 7-Medium | 11-Medium |
| **Minor**Minor injury (first aid treatment) and adverse outcomes | 3-Very Low | 5-Low | 8-Medium | 12-Medium | 16-High |
| **Moderate**Serious injury (medical treatment) adverse outcomes | 6-Low | 9-Medium | 13-Medium | 17-High | 20-Very High |
| **Major**Serious injury (long term absence) major adverse outcomes | 10-Medium | 14-Medium | 18-High | 21-Very High | 23-Severe |
| **Catastrophic**Fatality or permanent impairment, government intervention | 15-Medium | 19-High | 22-Very High | 24-Severe | 25-Severe |

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| **Steps of the task**Break into sections of work | **Potential hazards**What could go wrong at each step? What if? | **Un-controlled risk**1 – 25 | **Controls**How do we control the hazard?What contingency plans if it goes wrong? | **Residual risk**1 – 25 | **Who will do it?**Be specific use names /titles e.g. ‘foreman’ |
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**EMERGENCY RESCUE PLAN**

All Personnel involved in this activity will ensure they are aware of the emergency procedure and understand their roles and responsibilities

**(ERT) Emergency Rescue Team**

In the event of an incident occurring persons will not place them selves at risk and notify immediately the ERT Team Leader. In the event a person has become injured or ill

Team Leader will contact site first aider to attend area immediately and will assess the situation.

Where emergency services are required the team leader will call 000 and notify of the situation, location and response required. The team Leader will contact the Site security and notify of the emergency requesting for assistance upon emergency service arrival to site.

First Aider to determine immediate treatment required until emergency services attend site in which emergency services will take over.

Upon completion of emergency the WHS Team will undertake an investigation and debrief of the incident.

All works will be suspended until further notice.

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| **Approver Name:** |  | **Reviewer 1****Name/Position** |  |
| **Approver Position** |  | **Reviewer 2****Name/Position** |  |
| **Date:** |  | **Reviewer 3** **Name/Position** |  |
| **Next review Date (if required)** |  | **Reviewer 4****Name/Position** |  |

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| **MINOR TASK CHANGE****Steps of the taskBreak into sections of work** | **DATE** | **Potential hazards****What could go wrong at each step? What if?** | **Un-controlled risk****1 – 25** | **Controls****How do we control the hazard?****What contingency plans if it goes wrong?** | **Residual risk****1 – 25** | **Who will do it?****Be specific use names /titles e.g. ‘foreman’**  |
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| **Person responsible for explaining this SWMS must have experience in the types of task being conducted in order to fully communicate the risks and required controls.** |

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| **Name:** | **Signature:** | **Date:** |
| **Workers must always be given the opportunity to comment and make suggestions to improve controls. Use visual aids (e.g. drawings, photos) or complete in work areas wherever possible. Brief in small working teams to encourage them to speak up if they don’t understand.** **Record any changes to the SWMS and have each worker sign below.** |

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| **Name** | **Signature** | **Date** | **Employer** |
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| ***Records Storage Instructions*** |
| *A copy of all completed WHS F014 Safe Work Method Statements shall be submitted to the WHS Team via* *whs@une.edu.au* *for storage in TRIM Container A16/3849.* |