# Safe Work Method Statement

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| **Job/Project No. and name:**  | **This SWMS Covers:** | **SWMS No:** |
| **SWMS Risk Assessment Team:** | **Reviewed By:** | **Date:** |
| **Inspections required:** | **Supervisor for Activity:** |
| **Engineering details, certificates, relevant Authority approvals:** |

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| **1 Hazardous Activities Checklist – Hazards identified as being present on site – tick yes or no** |  | **2 Type of permit to work required – tick yes or no** |  | **3 PPE Requirements (additional to the standard site PPE requirements of high visibility vest and safety boots)** |  | **5 Safety Management Plan Requirements** |
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|  |  |  | **Y** | **N** |
|  | **Y** | **N** |  |  | **Y** | **N** | **4 Refer to Safety Data Sheet, statutory requirements, Codes of Practice, relevant attachments to Permits** |  | **Emergency Response Plans** |  |  |
| **Heights** |  |  |  | **HSNO: Asbestos/Lead work** |  |  |  |
| **Slips, trips** |  |  |  | **Hot work – hazardous zone** |  |  |  | **Plant & Equipment Condition** |  |  |
| **Cold work** |  |  |  | **Tank removal / installation** |  |  |  |  | **Y** | **N** |  |
| **Hot work** |  |  |  | **Demolition** |  |  |  | **Chemical Goggles** |  |  |  | **Material Safety Data Sheets (MSDS)** |  |  |
| **Manual handling** |  |  |  | **Live electrical work** |  |  |  | **Face Shield** |  |  |  |
| **Excavation** |  |  |  | **High pressure work** |  |  |  | **Respirator (full face/half face)** |  |  |  | **Other:** |  |  |
| **Confined space** |  |  |  | **Crane work (excluding deliveries)** |  |  |  | **Respirator (P1/P2 mask)** |  |  |  |  |  |  |
| **Ladders** |  |  |  | **Confined space entry** |  |  |  | **Dust Mask** |  |  |  | **Details of any special controls to be taken:** |
| **Pressure** |  |  |  | **Work @ Height > 1.8m** |  |  |  | **Safety Helmet** |  |  |  |
| **Electricity** |  |  |  | **Canopy construction / installation** |  |  |  | **Gloves** |  |  |  |
| **Welding, cutting, grinding** |  |  |  | **Single skin canopy roof** |  |  |  | **Full length clothing – arm/leg** |  |  |  |
| **Overhead utilities** |  |  |  | **Other – High Risk Activity** |  |  |  | **Safety Glasses** |  |  |  |
| **Underground utilities** |  |  |  | **Safety critical device override** |  |  |  | **Height-Safety Harness** |  |  |  |
| **Gaseous atmosphere** |  |  |  | **Excavation / trenching >/=1.5m** |  |  |  | **Fire Blankets/Spark Containment** |  |  |  |
| **Dusty atmosphere** |  |  |  | **Shop roof construction / installation** |  |  |  | **Extinguishers/ Charged Fire Hoses** |  |  |  |
| **Poor ventilation** |  |  |  |  |  |  |  | **Barricading/Signs**  |  |  |  |
| **Noise** |  |  |  |  |  |  |  | **Traffic control Stop / Go Signs** |  |  |  |
| **Vibration** |  |  |  |  |  |  |  | **Other** |  |  |  |
| **Chemicals, Hazardous Substances** |  |  |  |  |  |  |  |  |  |  |  |
| **Mobile heavy vehicles/plant** |  |  |  |  |  |  |  |  |  |

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| **Emergency Response Plan for the Activity:** |

### Details of special controls to be taken:

* Hazards that residual risk rate Extreme (Red) will require cessation of the activity until controls are implemented to reduce risk. Immediate & urgent Senior Management action / Daily monitoring required until risk is reduced.
* Hazards that residual risk rate High (Orange) will require immediate action. Weekly monitoring required.
* Hazards that residual risk rate Medium (Yellow) will require action within the next 14 days. Monthly monitoring required.
* Hazards that residual risk rate Low (Green) will be managed by routine procedures (SOP, SWP, WI). Monitored six monthly.

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| **ITEM** | **TASK** | **HAZARD** |  |  |  | **REQUIRED CONTROL MEASURE** |  |  |  | **RESPONSIBILITY** |
| No. | Associated with the HAZARD | Against task / task step list the potential / risk hazards that could cause injury / damage when the task step is performed | Likelihood | Consequence | InitialRisk RankCHML | List the control measures required to eliminate or minimise the risk of injury for each hazard identified, using the hierarchy of control measures: 1. Eliminate 2. Substitute 3. Isolate4. Engineering 5. Administration 6. PPE | Likelihood | Consequence | Residual RiskRankCHML | Nominate the person required to action the control measures |
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| 1. **Plant/Equipment and Training for Tasks associated with Hazards identified as being present on site**
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| **Task**  | **Training required** | **Plant/Equipment required** | **Plant /Equipment inspections required**  |
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| **2 The following personnel have been trained in this SWMS and have read, understood and accepted the control measures detailed to be implemented:** |
| **Name** | **Signature** | **Name** | **Signature** |
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Filing instructions: When completed, save this record as SWMS-BU-yymmdd\_Activity Title and upload in .pdf format in the ZORM library under [SW Method Statement](http://matters.gel.local/HSSE/ZORM%20Records/Forms/SWMS.aspx)