

SAFE WORK METHOD STATEMENT

Integrated Business Management System
SAFETY ▪ HUMAN RESOURCES ▪ ENVIRONMENT ▪ QUALITY

Effective: September 2015

Rev. No: 1.0

Contractor Details

Work must be performed in accordance with this SWMS. This SWMS must be kept and available for inspection. If the SWMS is revised all versions should be kept.

Principal Contractor:	Contractor:
Contact Person:	Contact Person:
Contact Number:	Contact Number:

Job / Work Task Details

Project Name:	SWMS Number:
Site Address:	SWMS prepared by:
Activity Description:	In consultation with:
Trades Involved:	Position/s:
Equipment to be Used:	Date Submitted: / /
Permit to work Required Yes <input type="checkbox"/> No <input type="checkbox"/>	SWMS Received and Reviewed by:
	Date Reviewed: / /

Consider the Following High Risk Activities (please indicate by ticking the appropriate box)

Working at Heights	<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>	Moving Plant / Traffic	<input type="checkbox"/>	Dangerous Goods (Oxy / Other)	<input type="checkbox"/>
Coring / Chasing	<input type="checkbox"/>	Trenching / Excavation	<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Hazardous Substances / Materials	<input type="checkbox"/>
Demolition / Dismantling	<input type="checkbox"/>	Work near or over water	<input type="checkbox"/>	Confined / Enclosed Spaces	<input type="checkbox"/>	Hot Work (Cutting, welding)	<input type="checkbox"/>
Explosive / Pneumatic Power Tools	<input type="checkbox"/>	Plant and Equipment Operation	<input type="checkbox"/>	Services / above and below	<input type="checkbox"/>	Fire / Explosion	<input type="checkbox"/>
Formwork erection / Dismantling	<input type="checkbox"/>	Removal or Disturbance of Asbestos	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Consider the Following Generic Hazards (please indicate by ticking the appropriate box)

Slips/Trips/Falls	<input type="checkbox"/>	Young / Unskilled Workers	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>
Fumes / Gas	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Flying / Falling objects / Debris	<input type="checkbox"/>
Poor Housekeeping	<input type="checkbox"/>	Manual Handling	<input type="checkbox"/>	Ultraviolet Radiation	<input type="checkbox"/>	Hot / Cold Working Environments	<input type="checkbox"/>

Type of Permit/License Required (please indicate by ticking the appropriate box)

Electrical Isolation	<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>	Gas Test	<input type="checkbox"/>	Forklift	<input type="checkbox"/>
Roof Access	<input type="checkbox"/>	High Voltage	<input type="checkbox"/>	Use of Crane for Lifting	<input type="checkbox"/>	Excavation	<input type="checkbox"/>
Working on Roof	<input type="checkbox"/>	Radiation	<input type="checkbox"/>	High Pressure Water	<input type="checkbox"/>		
Personnel Cage	<input type="checkbox"/>	Confined Space	<input type="checkbox"/>	Solid/Liquid Waste	<input type="checkbox"/>		

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Schlager Construction Risk Matrix

Risk Rating		PROBABILITY	CONSEQUENCE				
			Catastrophic (5)	Critical (4)	Significant (3)	Marginal (2)	Negligible (1)
High	20-30	Almost Certain (5)	30	25	20	15	10
Moderate - High	15-19	Likely (4)	24	20	16	12	8
Moderate	10-14	Moderate (3)	18	15	12	9	6
Moderate - Low	5-9	Unlikely (2)	12	10	8	6	4
Low	0-4	Rare (1)	6	5	4	3	2

Work Tasks/Job Steps	Hazards and Risks	Risk Rating	Risk Control Measures	Who is Responsible?
List the Work Tasks in a Logical Order	Identify the Hazards or Risks that may cause harm to workers or the public.	Use Above Matrix	Describe what will be done to control the risk.	Who is the person/s responsible for implementing controls

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Legislative Drivers	
Primary Legislation	<ul style="list-style-type: none"> Occupational Safety and Health Act 1984 Occupational Safety and Health Regulations 1996
Secondary Documentation	<ul style="list-style-type: none"> Code of Practice Confined Spaces Code of Practice Construction Work Code of Practice Demolition Work Code of Practice Managing Electrical Risks Code of Practice Excavation Work Code of Practice Hazardous Manual Tasks

Training Requirements for Work Task / Job	PPE Requirements
<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

This SWMS has been developed through consultation with out employees and has been read, understood and signed by all employees undertaking the works

Names	Signatures	Date	Names	Signatures	Date

Review No	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0
Reviewed by									
Review Date									