

## OHS FORM 005 SAFE WORK METHOD STATEMENT (SWMS)

<b>Company Name:</b>  <b>ABN:</b>	<i>This SWMS has been developed and authorised by:</i>			
	<b>Name:</b>			
	<b>Position:</b>		<b>Date:</b>	
	<b>Signature:</b>		<b>Phone:</b>	
<b>Mobile:</b>				

**DESCRIPTION OF WORK ACTIVITY:**

**Trades involved with undertaking this Work Activity:**

This SWMS is submitted to (PROJECT MANAGER):

<b>COMPANY:</b>	
<b>CONTACT NAME:</b>	<b>PHONE NUMBER:</b>
<b>SITE ADDRESS:</b>	<b>PROJECT DESCRIPTION:</b>

This SWMS was review by (SITE MANAGER):

<b>NAME:</b>	<b>POSITION:</b>
<b>SIGNATURE:</b>	<b>DATE:</b>
<b>PHONE NUMBER:</b>	<b>MOBILE NUMBER:</b>

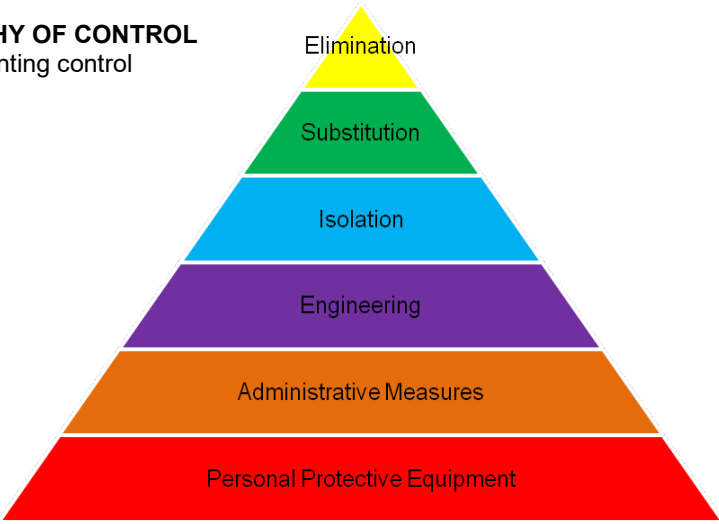
Person responsible for OHS on the contractor's behalf:

<b>NAME:</b>	<b>POSITION:</b>
<b>SIGNATURE:</b>	<b>DATE:</b>
<b>PHONE NUMBER:</b>	<b>MOBILE NUMBER:</b>

List plant, equipment and tools to be used	List Hazardous Substances to be used or handled	MSDS available? (Tick)	List PPE to be worn (Tick)	List Hazards to consider (Tick)
			Hard Hat	Fall from ladder
			Safety Boots	Fall from heights
			High-visy clothing	Fall from scaffold
			Gloves	Contact with electricity
			Hearing Protection	Falling objects
			Safety Glasses	Collapse
			30+ Sunscreen	Slips, trips and falls
			Dust Masks	Manual handling
			Other (specify):	Exposure to noise
				Struck by moving plant
				Inhalation of dust or fumes
				Cuts
				Other (specify):

Health Risks and Likelihood of Damage	How LIKELY is it to be that bad? Note: If a hazard is rated 1, 2 or 3, action <u>must</u> be taken immediately.				
	What damage could it cause?	VERY LIKELY <i>Could happen anytime</i>	LIKELY <i>Could happen sometimes</i>	UNLIKELY <i>Could happen, but only rarely</i>	VERY UNLIKELY <i>Could happen, but probably never will</i>
	Death or permanent disability	1	1	2	3
	Long term illness or serious injury	1	2	3	4
	Medical attention or several days off work	2	3	4	5
	First Aid needed	3	4	5	6

Refer to the **HIERARCHY OF CONTROL** pyramid when implementing control measures



<b>E</b>	Elimination	Control the hazard at the source
<b>S</b>	Substitution	Replace the hazard with another that has a lower risk
<b>I</b>	Isolation	Remove or separate people from the source of the hazard
<b>ENG</b>	Engineering	Change the physical characteristics of the plant/workplace
<b>A</b>	Administrative	Use policies, procedures, signs and training to control risk
<b>P</b>	PPE	Provide equipment for clothing to protect the worker.

<b>STEP</b>	<b>Job Step</b> Break the job down into steps. List the steps in this column.	<b>Hazard Identification</b> Identify any potential hazards associated with each step – and any related risks. Detail the hazards and risks in this column, and enter the risk rating in the next column.	<b>Initial Risk Rating (1-6)</b>	<b>Controls Implemented</b> Decide what controls to use to eliminate or minimise the risks.. <b>Note: If the risk rating is still 1-3, do not begin work.</b>	<b>Control Hierarchy (E/S//ENG/AP)</b>	<b>Revised Risk Rating (1-6)</b>	<b>Person Responsible</b>
1.							
2.							
3.							
4.							

<b>STEP</b>	<b>Job Step</b> Break the job down into steps. List the steps in this column.	<b>Hazard Identification</b> Identify any potential hazards associated with each step – and any related risks. Detail the hazards and risks in this column, and enter the risk rating in the next column.	<b>Initial Risk Rating (1-6)</b>	<b>Controls Implemented</b> Decide what controls to use to eliminate or minimise the risks.. <b>Note: If the risk rating is still 1-3, do not begin work.</b>	<b>Control Hierarchy (E/S//ENG/AP)</b>	<b>Revised Risk Rating (1-6)</b>	<b>Person Responsible</b>
5.							
6.							
7.							
8.							

<b>STEP</b>	<b>Job Step</b> Break the job down into steps. List the steps in this column.	<b>Hazard Identification</b> Identify any potential hazards associated with each step – and any related risks. Detail the hazards and risks in this column, and enter the risk rating in the next column.	<b>Initial Risk Rating (1-6)</b>	<b>Controls Implemented</b> Decide what controls to use to eliminate or minimise the risks.. <b>Note: If the risk rating is still 1-3, do not begin work.</b>	<b>Control Hierarchy (E/S//ENG/AP)</b>	<b>Revised Risk Rating (1-6)</b>	<b>Person Responsible</b>
9.							
10.							
11.							
12.							

<b>STEP</b>	<b>Job Step</b> Break the job down into steps. List the steps in this column.	<b>Hazard Identification</b> Identify any potential hazards associated with each step – and any related risks. Detail the hazards and risks in this column, and enter the risk rating in the next column.	<b>Initial Risk Rating (1-6)</b>	<b>Controls Implemented</b> Decide what controls to use to eliminate or minimise the risks.. <b>Note: If the risk rating is still 1-3, do not begin work.</b>	<b>Control Hierarchy (E/S//ENG/A/P)</b>	<b>Revised Risk Rating (1-6)</b>	<b>Person Responsible</b>
13.							
14.							
15.							
16.							

<b>STEP</b>	<b>Job Step</b> Break the job down into steps. List the steps in this column.	<b>Hazard Identification</b> Identify any potential hazards associated with each step – and any related risks. Detail the hazards and risks in this column, and enter the risk rating in the next column.	<b>Initial Risk Rating (1-6)</b>	<b>Controls Implemented</b> Decide what controls to use to eliminate or minimise the risks.. <b>Note: If the risk rating is still 1-3, do not begin work.</b>	<b>Control Hierarchy (E/S//ENG/AP)</b>	<b>Revised Risk Rating (1-6)</b>	<b>Person Responsible</b>
17.							
18.							
19.							
20.							

**CHECKLIST OF ITEMS THAT MAY BE REQUIRED FOR THIS WORK ACTIVITY**

<b>NAME</b>	<b>QUALIFICATIONS AND EXPERIENCE REQUIRED TO COMPLETE THIS TASK</b>	<b>PERSONAL DUTIES AND RESPONSIBILITIES (SUPERVISORY STAFF AND OTHERS)</b>	<b>TRAINING REQUIRED TO COMPLETE THIS WORK</b>



<b>TRAINING</b>	
<b>CODES OF PRACTICE OR AS/NZS STANDARDS TO BE COMPLIED WITH</b>	
<b>ENGINEERING DETAILS/ CERTIFICATES/ WORKCOVER APPROVALS</b>	

THIS SAFE WORK METHOD STATEMENT DEVELOPED THROUGH CONSULTATION WITH RELEVANT EMPLOYEES WHO HAVE READ AND SIGNED THIS DOCUMENT.

<b>REVIEW NO.</b>	<b>01</b>	<b>02</b>	<b>03</b>	<b>04</b>	<b>05</b>	<b>06</b>	<b>07</b>	<b>08</b>	<b>09</b>
<b>INITIAL:</b>									
<b>DATE:</b>									

**Declaration by contractors & workers:**

1. I have been **consulted** and assisted in the development of this SWMS.
2. I have been given the opportunity to comment on the content of this SWMS.
3. I have **read** and **understand** how I am to carry out the activities listed in this SWMS.
4. I have been supplied with the **personal protective equipment** identified on this SWMS and I have been given **training** in the safe use of this equipment.
5. I have **read and understand** the requirements set out in the **material safety data sheets** for the **hazardous substances** identified in this SWMS.

NAME:	SIGNATURE:	DATE: