OF0030 – Safe Work Method Statement (SWMS) Template

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|  | Amendment Record | **Issue #: 1** |
| **Issue Date: 10/09/2018** |

| **Rev. #** | **Date** | **Details** | | **Description of Changes** | **Prepared By** | **Approved by** |
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| Section # | Para. # |
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| **Safe Work Method Statement (SWMS) Part 1** | | | | | |
| Activity: | | | | SWMS #: | |
| Business Name: | | | | ABN: | |
| Business Address: | | | | | |
| Business Contact: | | | | Phone #: | |
| **SWMS Approved by: *Employer / PCBU / Director / OWNER.*** | | | | | |
| Name: | | | | | |
| Signature: | | | | Date: | |
| **Person/s responsible for ensuring compliance with SWMS:** | | | | | |
| **Person/s responsible For reviewing the SWMS:** | | | | | |
| **Relevant workers consulted in the development, approval and communication of this SWMS.** | | | **All Persons involved in the task must have this SWMS**  **communicated to them before work commences.** | | |
| Name | Signature | Date | Daily Tool Box Talks will be undertaken to identify, control and communicate additional site hazards. | | |
|  |  |  | Work must cease immediately if incident or near miss occurs. SWMS must be amended in consultation with relevant persons. | | |
|  |  |  | Amendments must be approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and communicated to all affected workers before work resumes. | | |
|  |  |  | SWMS must be made available for inspection or review as required by HSE legislation. | | |
|  |  |  | Record of SWMS must be kept as required by HSE legislation (until job is complete or for 2 years if involved in a notifiable incident). | | |
| **Principal Contractor Details** *(The builder or the organisation you are working for.)* | | | | | |
| Principal Contractor (PC): | | | Project Name: | | Date SWMS provided to PC: |
| Project Address: | | | | | |
| Project Manager (PM): | | | PM Signature: | | CONTACT PH. #: |
| **SWMS Scope:** This SWMS covers general hazards associated with … | | | | | |

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| **This work activity involves the following “High Risk Construction Work”** | | | | | | | | | | | | | | | | | | | | | | | | |
| **☐** Confined Spaces | | | | | | **☐** Mobile Plant | | | | | | | **☐** Demolition | | | | | | | **☐** Asbestos | | | | |
| **☐** Using explosives | | | | | | **☐** Diving work | | | | | | | **☐** Artificial extremes of temperature | | | | | | | **☐** Tilt up or pre-cast concrete | | | | |
| **☐** Pressurised gas distribution mains or piping chemical, fuel or refrigerant lines energised electrical installations or services | | | | | | | | | | | | | | | | | | | | | | | | |
| **☐** Structures or buildings involving structural alterations or repairs that require temporary support to prevent collapse | | | | | | | | | | | | | | | | | | | | | | | | |
| **☐** Involves a risk of a person falling more than 2m, including work on telecommunications towers | | | | | | | | | | | | | | | | | | | | | | | | |
| **☐** Working at depths greater than 1.5 Metres, including tunnels or mines | | | | | | | | | | | | | | **☐** Work in an area that may have a contaminated or flammable atmosphere | | | | | | | | | | |
| **☐** Work carried out adjacent to a road, railway or shipping lane, traffic corridor | | | | | | | | | | | | | | **☐** In or near water or other liquid that involves risk of drowning | | | | | | | | | | |
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| **Likelihood** | **Insignificant** | | **Minor** | | **Moderate** | | | **Major** | | **Catastrophic** | | **Score** | | | | **Action** | | **HIERARCHY OF CONTROLS** | | | | | | **Most Effective** |
| **Almost certain** | **3**  **High** | | **3**  **High** | | **4**  **Acute** | | | **4 Acute** | | **4**  **Acute** | |  | | | | | |  |
| **Likely** | **2**  **Moderate** | | **3**  **High** | | **3**  **High** | | | **4 Acute** | | **4**  **Acute** | | **4A**  **Acute** | | | | **DO NOT PROCEED.** | |
| **Possible** | **1**  **Low** | | **2 Moderate** | | **3**  **High** | | | **4 Acute** | | **4**  **Acute** | | **3H**  **High** | | | | Review before commencing work. | |
| **Unlikely** | **1**  **Low** | | **1**  **Low** | | **2 Moderate** | | | **3**  **High** | | **4**  **Acute** | | **2M Moderate** | | | | Maintain control measures. | |
| **Rare** | **1**  **Low** | | **1**  **Low** | | **2 Moderate** | | | **3**  **High** | | **3**  **High** | | **1L**  **Low** | | | | Record and monitor. | | **Least Effective** |
| **Personal Protective Equipment (PPE):** *Ensure all PPE meets relevant Australian Standards. Inspect, and replace PPE as needed.* | | | | | | | | | | | | | | | | | | | | | | | | |
| **Foot Protection** | | **Hearing Protection** | | **High**  **Visibility** | | | **Head Protection** | | **Eye**  **Protection** | | **Face Protection** | | | | **Hand Protection** | | **Protective Clothing** | | **Breathing Protection** | | **Sun Protection** | **fall Arrest** | Rings, watches, jewellery that may become entangled in machines must not be worn. Long and loose hair must be tied back. | |
| Description: Footwear | | Description: Hearing Protection | | Description: High Visibility Clothing copy 3 | | | Description: Head Protection | | Description: Eye Protection | | Description: Face Protection | | | | Description: Hand Protection | | Description: Clothing | | Description: Breathing | | Icon  Description automatically generated | A picture containing text, clipart  Description automatically generated |
| **☐** | | **☐** | | **☐** | | | **☐** | | **☐** | | **☐** | | | | **☐** | | **☐** | | **☐** | | **☐** | **☐** | **☐** | |
| AS 1319-1994 Safety signs for the occupational environment reproduced with permission from SAI Global under licence 1210-c062. Standards may be purchased at <http://www.saiglobal.com> | | | | | | | | | | | | | | | | | | | | | | | | |

| **Job Step** | **Potential Hazard/s** | **IR** | **Control Measures to Reduce Risk** | **RR** | **Responsible Person** |
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| ***Inherent*** *Risk-rating* ***(IR)*** *Residual Risk-rating* ***(RR)*** | | | | | |
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| **Emergency Response - Call *000* immediately.** | |
| If work is to be conducted on a construction site (or a site controlled by another Employer / PCBU) follow the site-specific Emergency Management Plan. Ensure:  Adequate numbers of first aid trained staff are on site  First aiders are trained & competent in managing injuries until emergency services arrive  All rescue equipment is in good condition, available for use and in close proximity to the work site. | Ensure workers have access to:  First aid kit/supplies  First Aid trained personnel familiar with resuscitation and emergency response for electric shock  M/SDS  Communication devices (check mobile phones will have service in area)  Suitable fire protection equipment. |

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| **Review No.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Name:** |  |  |  |  |  |  |  |  |  |  |
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| **Date:** |  |  |  |  |  |  |  |  |  |  |

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| **Plant/Tools/Equipment List for the job** *(include Type, Make Model, SWL/Capacity)* | | | | |
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| **Relevant Legislation & Codes of Practice** | |
| *Add Relevant State Act & Regulations* | *Add Relevant Codes of Practice* |

| **Safe Work Method Statement (SWMS) Part 2** | | | | |
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| This SWMS has been developed in consultation and cooperation with *employee/workers* and relevant *Employer/Persons Conducting Business or Undertaking (PCBU).* I have read the above SWMS and I understand its contents. I confirm that I have the skills and training, including relevant certification to conduct the task as described. I agree to comply with safety requirements within this SWMS including risk control measures, safe work instructions and PPE described. | | | | |
| **Overall Risk Rating after Controls** | **1 Low** | **2 Moderate** | **3 High** | **4 Acute** |

| **Workers’ Name** | **Job Role / Position** | **Licences, competencies & qualifications** *(add as applicable)* | | | **Date** | **Signature** |
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| **Type / Description** | **Class** | **Number** |
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