|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Scope of Works to be Performed:** | |  | | | | | | | | | | | | **SWMS Ref:** | |  | |
| **SWMS Prepared By:** | |  | | | | | **Signature:** | |  | | | | | **Date:** | |  | |
| **SWMS Reviewed By:** | |  | | | | | **Signature:** | |  | | | | | **Date:** | |  | |
| **Project Name / Site Address:**  *A new SWMS must be completed for any Worksites with alterations to any Hazard presented, Permits, PPE, sub-contractors, plant/tools/equipment or training – after six similar worksites or at each new day.* | |  | | | | | | | |  | | | | | | | |
|  | | | | | | | |  | | | | | | | |
|  | | | | | | | |  | | | | | | | |
| **Are Plant / Tools / Equipment required?** | | | | YES / NO | | If ‘Yes’, please select applicable plant / tools / equipment:  Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Licenses, Training and Competencies required?** | | | | YES / NO | | If ‘Yes’, please list: | | | | | | | | | | | |
| **Are any products / chemicals required?** | | | | YES / NO | | If ‘Yes’, please list: | | | | | | | | | | | |
| **Are approved sub-contractors required?** | | | | YES / NO | | If ‘Yes’, please list: | | | | | | | | | | | |
| **Are specific Work Permit/s (WP) required?** | | | | YES / NO | | If ‘Yes’, please attach completed permit:  🞏 Hot Work 🞏 Trenching 🞏 Specialist Chemical Use 🞏 Access to Roofs  🞏 Bridge Works 🞏 Asbestos 🞏 Other (Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **PERSONAL PROTECTIVE EQUIPMENT (PPE)** | | | | | | | | | | | | | | | | | |
| **MANDATORY PPE** | | **ADDITIONAL PPE REQUIRED** *(Please indicate Yes or No)* | | | | | | | | | | | | | | | |
| (Safety Boots, Hi Vis Vest/Clothing) | | YES / NO | YES / NO | | YES / NO | | YES / NO | YES / NO | | | YES / NO | YES / NO | YES / NO | | YES / NO | | YES *Other* |
| **man02** | Image result for hi vis sign | **man01** | **man05** | | **man16** | | **man22** | **man10** | | | **man19** | **man03** | **man04** | | **man23** | |  |

| Activity List the tasks required to perform the activity in the sequence they are carried out | Hazards Against each task list the hazards that could cause injury when the task is performed | Inherent Risk Rating | Risk Control MeasuresList the control measures required to eliminate or minimize the risk of injury arising from the identified hazard/s | Residual Risk Rating | Who is Responsible Write the name of the person responsible to implement the control measure identified | Not Applicable to Work Site |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | 🞏  Not Applicable |
|  |  |  |  |  |  | 🞏  Not Applicable |
|  |  |  |  |  |  | 🞏  Not Applicable |
|  |  |  |  |  |  | 🞏  Not Applicable |
|  |  |  |  |  | 🞏  Not Applicable |
|  |  |  |  |  | 🞏  Not Applicable |
|  |  |  |  |  | 🞏  Not Applicable |
|  |  |  |  |  |  | 🞏  Not Applicable |
|  |  |  |  |  |  | 🞏  Not Applicable |
|  |  |  |  |  |  | 🞏  Not Applicable |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional Staff Inducted Into Safe Work Method Statement** *Attach additional sheets if required* | | | | |
| **Name** | **Signature** | **Inducted By (Name)** | **Inducted By Signature** | **Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Likelihood Consequence**

|  |  |
| --- | --- |
| Descriptor | Outcome Description |
| Rare | Remote possibility (less than once every 5+ years) |
| Unlikely | Not expected to occur (may occur 1-5 years) |
| Possible | Occurs occasionally (monthly – yearly) |
| Likely | Occurs regularly (weekly – monthly) |
| Almost certain | Expected to occur (daily – weekly) |

|  |  |
| --- | --- |
| Descriptor | Outcome Description |
| Insignificant | No injuries |
| Minor | On-site first aid treatment |
| Moderate | Medical treatment required, loss of time |
| Major | Serious injury, hospitalisation |
| Catastrophic | Death, permanent disability |

**Risk Rating**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Likelihood** | **Consequence** | | | | |
| Insignificant | Minor | Moderate | Major | Catastrophic |
| Rare | L | L | L | M | H |
| Unlikely | L | L | M | M | H |
| Possible | L | M | M | H | E |
| Likely | M | H | H | E | E |
| Almost certain | M | H | E | E | E |

|  |  |  |
| --- | --- | --- |
|  | * Implementing any mandated controls specified by law (e.g. the OHS Regulations 2017) * **Substituting** a new activity, procedure, plant, process or substance (e.g. scaffold in preference to ladders) * **Isolating** persons from the hazard (e.g. fence off areas for mobile plant operation) * Using **engineering** controls (e.g. guard rails, trench shields) - or a combination of the above.   If any risk to health or safety remains, it must be reduced by using:   * **Administration** controls (e.g. activity specific safety training, work instructions, warning signs) * **PPE** such as respiratory protection, hardhats, high visibility clothing, or a combination of these. |  |