



A.B.N. 43 009 438 073

AU07899

OCCUPATIONAL HEALTH & SAFETY PROGRAMME

SAFE WORK METHOD STATEMENT

AUSTRALIAN AIRCONDITIONING

SERVICES PTY. LTD.

42 INDUSTRY STREET
MALAGA WA 6090
TELEPHONE: (08) 9209 2520
FACSIMILE: (08) 9209 2530
Email: aas@aust-aircon.com.au

CONTRACTOR:		NAME: _____	
PROJECT:		SIGNED OFF: _____	
JOB: REMOVE AND REPLACE AIR CONDITIONER - MANUALLY		DATE: _____ JOB NO. _____	
PROCEDURE (IN STEPS):		ACCEPTED: YES / NO	
POSSIBLE HAZARDS		AREA:	
Break the job down into steps. Each step should accomplish some major task and be in a logical sequence.	Identify the hazards associated with each step. Examine each to find possibilities that could lead to an accident.	RISK SCORE Risk Potential *Class 1, 2 or 3	SAFETY CONTROLS Specify what action or procedure will be taken to eliminate or minimise the risk of injury or damage. Include what measures will be taken to ensure that the safety control is maintained.
1. Issue Personal Protective Equipment (P.P.E.)	Head, Hand, Foot and Body Injury	2	Refer to Safe Work Instruction SW 001 P.P.E.
2. Establishment of Site	Manual Handling, Possible Back Strain, Impact Injury	2	Refer to Safe Work Instruction: SW 002 Manual Handling
3. Disconnect Power Supply	Nil		A room air conditioner is traditionally connected via plug and GPO. If not use Lock Out/Tag Out. Ref SW 023.
4. Remove Fascia and mount screws	Nil		
5. Slide unit out and remove from site	Muscle/Back Strain	2	Two men kinect lifting
6. If necessary remove old case, modify hole and fit new case	Eye damage, Cuts and Electrocutation	1	Wear PPE, Safe Work Practice and use R.C.D.
7. Lift new RAC into case and commission	Muscle/Back Strain	2	Two men kinect lifting

* Class 1: Death or Permanent Disability Class 2: Serious Injury/Lost Time Class 3: Minor Injury resulting in no lost time

Form	WMS 14.1	1/2
Rev	A	13-May-11



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Personal Qualifications & Experience:	Personal Duties & Responsibilities:	Training Required to complete work:
Engineering Details/Certificates/Workplace Services Approvals:		Codes of Practice, Legislation:
Plant/Equipment:	Maintenance Checks:	
Read & Signed by All Employees on Site:		

Form	WMS 14.2	2/2
Rev	A	13-May-11

