Safe Work Method Statement – Building and Construction

Boral Business:	ABN:	Date:	SWMS No:
Site Address: (e.g. Deer Park, Camellia)			
Project Site:	**Client Name:**	**Principle:**	
Project Name:	**Project Manager:**	**Task Manager:**	
Scope of Work:			
Plant and Equipment to be used:		**Competencies and Qualifications:**	
Emergency planning required? **Yes:** ☐ **No:** ☐		**Relevant legislation and/or guidance material:**	

This Safe Work Method Statement (SWMS) was prepared and reviewed by:

Prepared by/Review Team			
Name: *(Please Print)*	**Position:** *(Please Print)*	**Signature:**	**Date:**

Authorisation		
Declaration: I have checked this Safe Work Method Statement (SWMS) and confirm that it is authorised for use.		
Responsible Supervisor Name: *(Please Print)*	**Signature:**	**Date:**

Project Compulsory Requirements

Requirement	Who	When	Exceptions

Plant and Equipment Used

Plant / Equipment	Pre-start Checks / Maintenance / Inspections / Certificates

Applicable Legislation / Codes of Practice / Advisory Material

High Risk Tasks

(Include details of any high risk tasks i.e. working at heights, use of electricity, use of high pressure fluids etc).

Required Permits / Licences

Permit / Licences Name	Comments

Safety Considerations

Item	Comments
Weather Considerations:	
Traffic Management Requirements:	
First Aider:	
Hazardous Substances / Dangerous Goods:	
Prohibited Work Areas:	
Emergency Procedures or Rescue Plans:	

SWMS INDUCTION STATEMENT – the following persons have been inducted into the work activities described in this SWMS.

- I have read and understood the SWMS
- I have been ***consulted*** and ***trained*** in the specific safety requirements of the activity for which I am engaged on this site.
- I will work in accordance with this SWMS and understand that I am responsible for my own and fellow workers safety.
- If found necessary to amend the SWMS, I will consult with the foreman and help, if required in re-issuing this SWMS

Training / Competency Records				
Name: *(Please print)*	**Position:**	**Years of Experience / Qualifications:**	**Signature:**	**Date:**

Trainers Details				
Name: *(Please print)*	**Position:**	**Years of Experience / Qualifications:**	**Signature:**	**Date:**

Persons Responsible for Supervising the task				
Name *(Please print)*	**Position**	**Years of Experience / Qualifications**	**Signature**	**Date**

PROCEDURE

Step No.	Procedure (in steps)	Hazards	Risks	Initial Risk			Controls	Responsible Person	Final Risk		
				C	L	R			C	L	R

TABLE 1: MEASURES OF CONSEQUENCE		
Value	**Description**	**Impact**
1	Minor	Injury requiring first aid treatment.
2	Moderate	Injury requiring medical treatment
3	Major	Death, permanent disability, or extensive injury resulting in time off work of 7 or more days.

TABLE 2: MEASURES OF LIKELIHOOD		
Value	**Description**	**Impact**
3	Highly Likely	The event could occur weekly in normal circumstances.
2	Likely	The event could occur one per month
1	Unlikely	The event could occur once very one to five years.

TABLE 3: RISK RANKING TABLE			
Consequence / **Likelihood**	Minor (1)	Moderate (2)	Major (3)
Highly Likely (3)	M (3)	H (6)	H (9)
Likely (2)	L (2)	M (4)	H (6)
Unlikely (1)	L (1)	L (2)	M (3)

TABLE 4: HIERARCHY OF CONTROL	
Control	**Description/Example**
1. Elimination	Is there a need to use the plant, process or substance that created the risk (e.g. using a cordless drill to eliminate tripping or snagging of a power lead or using CCTV to observe a silo being filled to eliminate climbing up a ladder to observe)?
2. Substitution	Can the hazardous item be substituted with another item that has less risk (e.g. using a scaffold rather than a ladder, using extra-low voltage <50 Volt for switchgear, package cement in 20kg bags rather than 40kg bags)?
3. Isolation	Can the hazard be isolated from the person (e.g. machine guards, sound enclosures, lagging hot pipes)?
4. Engineering	Can the risk be minimised by isolating, enclosing or redesigning the plant, substance or process (e.g. machine guards, mechanical lifting aids, exhaust ventilation, relocation, trolleys or workstation design)?
5. Administrative	E.g. job rotation, SOP, training and signs.
6. Personal Protective Equipment (PPE)	The least-desirable method which shall only be used in combination with other controls or if other controls are not suitable. Employees issued with PPE shall have it fitted correctly and be trained in its use and maintenance.

TABLE 5: PRIORITY FOR ACTION	
Risk Level	**Action**
High Risk (6-9)	Do not proceed or, if commenced, stop the activity, task or process immediately. Eliminate, substitute or implement isolation or engineering control measures. If these controls are not immediately possible, set a timeframe for their implementation and establish interim risk reduction strategies for the period of the set timeframe. An achievable timeframe must be established to ensure that elimination, substitution, isolation or engineering controls are implemented. A risk assessment must be undertaken once controls have been implemented to ensure that the risk has been reduced to at least medium, prior to work recommencing. Supervisor sign off is required before work can recommence.
Medium Risk (3-4)	Take all reasonable steps to eliminate the risk or minimise it by implementing substitution, isolation or engineering controls as soon as possible. If these options are not immediately practicable, implement administrative controls and/or PPE. Implementation of control measures should decrease the risk to as low as is reasonably practicable.
Low Risk (1-2)	Manage by implementing administrative procedures and or PPE unless risk can be eliminated or reduced further.