

Work Method Statement \ Safe Work Method Statement



CRITICAL NOTE – This document only becomes a Safe Work Method Statement where the 'High Risk Construction Work' section of this document is completed

Company:	ABN:	Contact Person:	Ph:
Project/Site:	Site Address:		
Principal Contractor:	WMS \ SWMS No.:		
Job Task:			
Date Created:	Revision Number:	Review Date:	

Relevant Australian Standards / Codes of Practice / Legislation:	
Safety Data Sheets Required:	
Plant & Equipment Required:	
Licenses / Competencies Required:	
Project Specific Permit Requirements:	<i>Do you require a permit from the Principal Contractor?</i>
Work at Height Permit:	<input type="checkbox"/> Yes
Hot Work Permit:	<input type="checkbox"/> Yes
Confined Space Permit:	<input type="checkbox"/> Yes
Excavation/Penetration Permit:	<input type="checkbox"/> Yes

High Risk Construction Work	<input type="checkbox"/> Risk of a person falling more than 3 metres (<i>note: in some jurisdictions this is 2 metres</i>)	<input type="checkbox"/> Work on a telecommunication tower	<input type="checkbox"/> Demolition of load-bearing structure
	<input type="checkbox"/> Likely to involve disturbing asbestos	<input type="checkbox"/> Temporary load-bearing support for structural alterations or repairs	<input type="checkbox"/> Work in or near a confined space
	<input type="checkbox"/> Work in or near a shaft or trench deeper than 1.5 m or a tunnel	<input type="checkbox"/> Use of explosives	<input type="checkbox"/> Work on or near pressurised gas mains or piping
	<input type="checkbox"/> Work on or near chemical, fuel or refrigerant lines	<input type="checkbox"/> Work on or near energised electrical installations or services	<input type="checkbox"/> Work in an area that may have a contaminated or flammable atmosphere
	<input type="checkbox"/> Tilt-up or precast concrete elements	<input type="checkbox"/> Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians	<input type="checkbox"/> Work in an area with movement of powered mobile plant
	<input type="checkbox"/> Work in areas with artificial extremes of temperature	<input type="checkbox"/> Work in or near water or other liquid that involves risk of drowning	<input type="checkbox"/> Diving Work

PPE Required:

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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Task/Location Specific Risks:	<input type="checkbox"/> Ground Conditions	<input type="checkbox"/> Noise	<input type="checkbox"/> Water Pollution	<input type="checkbox"/> Weather
<input type="checkbox"/> Access & Egress	<input type="checkbox"/> Compressed Air	<input type="checkbox"/> Cultural / Heritage Area	<input type="checkbox"/> Soil Pollution	<input type="checkbox"/> Obstacles / Buildings
<input type="checkbox"/> Overhead Obstructions	<input type="checkbox"/> Quick Cut Saw	<input type="checkbox"/> Snakes / Vermin	<input type="checkbox"/> Rotating Machinery	<input type="checkbox"/> Other (refer to hazard prompt list)
<input type="checkbox"/> Underground Services	<input type="checkbox"/> Angle Grinder	<input type="checkbox"/> Dust	<input type="checkbox"/> Fatigue	<input type="checkbox"/>
<input type="checkbox"/> Pedestrians / Workers	<input type="checkbox"/> Hot Work / Burns	<input type="checkbox"/> Significant Trees	<input type="checkbox"/> Exposure to UV	<input type="checkbox"/>
<input type="checkbox"/> Unauthorised Persons	<input type="checkbox"/> Poor Lighting	<input type="checkbox"/> Flora & Fauna	<input type="checkbox"/> Ignitions Sources	<input type="checkbox"/>

Workers Consulted and Involved in the Development of this WMS \ SWMS

Print Name:	Signature:	Print Name:	Signature:
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Step 1

Consequences	
5 – Severe	Potential to be fatal. Permanent disability. Destruction of property or plant.
4 – Major	Serious injury. Long term disability. Major damage to plant, property or environment.
3 – Moderate	Potential for injury resulting in medical attention. Damage to plant, property or environment.
2 – Minor	Injury requiring First Aid treatment and / or short term discomfort.
1 – Negligible	Cause a near miss, needs to be reported

Step 2

Potential	
A – Almost Certain	This event is expected to occur in most circumstances
B – Likely	The event will probably occur in most circumstances
C – Possible	The event might occur at some time
D – Unlikely	The event could occur at some time
E - Rare	The event may occur only in exceptional circumstances

Step 3

Potential	Consequences				
	1 – Negligible	2 – Minor	3 – Moderate	4 – Major	5 – Severe
A - Almost Certain	M	S	S	H	H
B - Likely	L	M	S	S	H
C - Possible	L	L	M	S	H
D -Unlikely	L	L	M	M	S
E - Rare	VL	L	M	M	S

Legend

Risk Rating	
High	Re-plan and/or re-design activity. If this is not possible, complete a separate Hazard Assessment prior to completing the SWMS
Significant	Activity Must be reviewed by a Senior Management representative and have identified risk controls built into the SWMS
Medium	Some action may be required, management to determine and document requirements within SWMS and monitor
Low	Minimal risk, monitor where work changes
Very Low	Minimal risk, monitor where work changes

Hierarchy of Controls (HoC)*					
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Elimination	Substitution	Isolation	Engineering	Administration	PPE

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Job Step	Potential Hazard	Risk Rating	Control	Residual Risk	Person Responsible for Controls
Break the job into steps	What can cause harm at each step High risk work is to be kept to its own cell	S (17)	Describe the control measures and how they will be used	M (8)	EXAMPLE
Unloading of mobile scaffold	Manual handling	S	Only workers trained in correct manual handling techniques to complete task. Team lifts and mechanical lifting equipment to be used where possible	M	Employee
Erecting	Unauthorised assembly Overloading of scaffold Exceed maximum height allowed	S	Only competent workers to erect scaffold If 4 metres or greater must have a "High Risk" Licence for Scaffolding Refer to manufacturer's specification, height no greater than 3 x minimum base length	M	Employee
Locating	Incorrect control of unit when moving Access & egress Struck by falling objects Castors jammed	S	Sufficient area for the unit to be used Correct number of persons as identified in manufacturer's instructions to control unit when moving Access ladders to have correct room for use No items/tools on scaffold when moving Correct maintenance of castors on unit,	M	Employee
Moving	Over balance unit Striking other objects	S	Ensure path is correct for movement of scaffold Ground is flat & level Ensure that route is clear of obstacles before moving unit	M	Employee
Collapse	Crushed	S	Observe SWL at all times Do not overload Erect signage to warn of overhead work Only licensed/competent person to erect scaffold	M	Employee

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Rescue / Retrieval Planning:			
Are the following hazards identified?	Select		Action: If YES, a Retrieval / Rescue Plan(s) must be developed. This can be included as an attachment or included as a Job Step within the WMS \ SWMS and the method to be used communicated to the workers involved. If No, No additional retrieval / rescue planning documentation are required.
Work over Water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Work at Height	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Restricted Access	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Confined Space Entry	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Elevated Work on structures (e.g. Enclosed scaffolds and roof work)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Emergency Resources / Contact Details			
Nearest Muster Point:		Nearest Fire Extinguishers:	
Nearest Spill Kit:		Nearest First Aid Kit:	
Contact Person:		Phone No:	Radio Channel No:

Management / Worker Review					
Review No:	1	2	3	4	5
Name:					
Position:					
Date:					
Comments / Actions:					

<p>Have you considered the site specific hazards?</p> <ul style="list-style-type: none"> - lay of the land - obstacles (buildings, workers, excavations, plant) - changes to site conditions - other contractors' work in progress - weather conditions (wind, rain, heat, cold etc) 	<p>Have you considered job specific details?</p> <ul style="list-style-type: none"> - different material - different chemicals - different equipment <p>Any other factor that may make affect the risks associated with performing this task?</p>	<p>IN PREPARING A WORK METHOD STATEMENT \ SAFE WORK METHOD STATEMENT YOU MUST:</p> <ol style="list-style-type: none"> 1. Break the activity into basic steps 2. Consider any site specific potential hazards 3. Using the risk matrix, assess the risk of the identified hazard and rate accordingly 4. List the controls to be implemented to reduce the likelihood of the risk causing an unwanted event 	<ol style="list-style-type: none"> 5. Apply HoC – For each control in the WMS \ SWMS <p>Note: HoC levels 1-5 must be considered before level 6 for all Work at Height activities.</p> <ol style="list-style-type: none"> 6. Review the residual risk to ensure controls are adequate to safely perform the work. 7. Assign a person(s) responsible to ensure that the assigned controls are implemented.
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WORKERS INVOLVED IN JOB TASK

We, the undersigned, confirm that we have been consulted regarding the above SMWS and that its content is clearly understood. We also confirm that our required qualification(s) etc. to undertake this activity, is\are current and that we are competent to complete the work safely and without risk to our own health or the health and safety of others. We clearly understand that the control(s) in this WMS \ SWMS must be applied as documented, otherwise work is to cease immediately, and we will ensure that the work area is made safe, as far as reasonably practicable.

Print Name:	Company:	Signature:	Date:

I, the undersigned Supervisor, confirm that I have checked all qualifications provided and verify that they are applicable and current. I have also ensured that all inductions have taken place and that all tools and equipment are properly maintained and safe to use. I have issued all relevant permits and have ensured to the best of my ability that the work area is safe and that the work will not damage any property or injure any persons.

Supervisor Name _____

Supervisor Signature _____

Date _____

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