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| **ZOHO580X260**  **ABN:** 35145102432 Address: 18 hunter place, castle hill, NSW 2154 PH: 0412641287 E: peter@fieldsglasandglazing.net.au Web: www.fieldsglassandglazing.net.au | | | | | | | | | |
| **SAFE WORK METHOD STATEMENT (SWMS)** | | | | | | | | | |
| **PROJECT DETAILS:** | | | | | | | | | |
| Project: | | | | Area: | | | | | |
| Job Address: | | | | | | | | | |
| Job Description: | | | | | | | | | |
| **WORK ACTIVITY:** | WORKING IN PRIVATE RESIDENCES | | | | | |  | | |
| **Consult relevant workers during development, approval and communication of this SWMS** | | | | | SWMS Approved by: | | | Page 1 of 10 | |
| Name: (Include names of workers who were consulted in relation to this SWMS) | | Signature: | Job Title: | Date: | Name: | | | | |
| Signature: | | | | |
| Date: | | | | |
| Personnel responsible for monitoring and managing activity: | | | | | Overall Risk Rating After Controls | **4 A**cute | | | **3 H**igh |
| **2 M**oderate | | | **1 L**ow |
| **COMMUNICATE THIS SWMS TO ALL PERSONS INVOLVED IN TASK PRIOR TO WORK COMMENCING**   * \_\_\_\_\_\_\_\_\_\_\_\_will conduct regular inspections and observations to ensure SWMS is being complied with. * Hold Daily Tool Box Talks to identify, control and communicate additional site hazards. * Cease work immediately if incident or near miss occurs. Amend the SWMS in consultation with relevant persons. * \_\_\_\_\_\_\_\_\_\_\_\_\_\_ will approve and communicate amendment to all affected workers before work resumes. * As required by WHS legislation, make the SWMS available for inspection or review. * As required by WHS legislation, keep record of SWMS (until job is complete or for 2 years if involved in a notifiable incident). | | | | | | | | | |

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| **IMPORTANT NOTES:** |
| Check local government standards, codes of practice, regulations and legislation for any training requirements before use.  Apprentices and Trainee Personnel are usually permitted to operate certain machinery and equipment provided they are guided and supervised by an experienced and qualified person, while also recording the hours of use in an approved logbook.  WorkCover National Certificates of Competency are nationally recognised and these specific certificates do not have to be changed over to work interstate. |

| **Task Steps** | **Potential Hazards/Risks of Each Step** | **RB** | **Control Measures - Steps To Follow  Safety Checks & PPE** | **RA** | **Responsible Officer** |
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| **NOTE: RB** = Risk Rating **before** controls implemented - **RA** = Risk Rating **after** controls are implemented. | | | | | |
| 1. Planning | Planning   * Physical / verbal * violence | **3H** | Preferably, use the following equipment:   * Mobile phone, with service in work area and pre-programmed with emergency numbers   Develop and implement following communication protocol:   * Relevant workers must keep mobile phones at all times * Keep the mobile phones always switched on * Relevant workers must call or text supervisor upon arrival and departure and make regular call-ins * Supervisor must have address details, expected arrival/departure and visit duration times * Supervisors must have details of relevant worker’s vehicle (registration, colour make, model) * Only relevant workers to attend the site directed by Supervisor * Establish code words to indicate relevant worker is in threatened situation * Have emergency procedures in place if call-ins are not followed, or communication is lost with relevant worker   **Note:** Call-in times must be as agreed between relevant worker and supervisor and based on the risk level expected at the site.  If possible, identify aggression/risk of violence. Include:   * Client history and personal circumstance   Provide adequate resources to allow workers to reach the client’s residence at the agreed time (the time the client is expecting them). | **1L** |  |
| 2. Preparation | Personal Injury   * Exposure to hazardous environment * Exposure to blood-borne pathogens * Puncture wounds * Animal attack * Physical or verbal violence * Hit by moving vehicle * Slips, trips * Crushing | **3H** | Assess intended workplace beforehand. Gather information on the following (if possible):   * Presence of potentially aggressive persons/ domestic issues * Presence of dangerous animals * Presence of asbestos * Presence of lead/lead based paints * Condition of electrical wiring if relevant * Age of residence * Maintenance condition of residence * Presence of biological contamination (waste, debris, human or animal waste, used syringes, etc) * Adequate space to conduct work and access/egress points * Existing level of lighting * Disposal requirements for materials * If hazards are present, make sure of implementing suitable risk controls for type of hazard.   Preferably, provide information to client to advise them of the following:   * No sharps will be collected and no work will proceed if sharps are observed (include other prohibited items as necessary) * If safety shoes/boots are necessary for work, workers may need to wear them inside. Make sure work shoes are clean and acceptable to wear inside if needed. * Remove cash and any valuables from easily visible/ accessible areas * Secure/remove dangerous animals   Make sure of the following:   * Sufficient room is available for delivery of materials * Delivery are is located away from traffic/vehicles/pedestrians (develop appropriate traffic management plan if necessary and include physical barriers, caution signs, etc)   Make sure all workers have access to:   * First aid kit/supplies * Safety Data Sheets (SDS) onsite (glues, paints, etc) * Drinking water, clean-up and toilet facilities * PPE as necessary * Adequate lighting * Adequately clean air/ventilation | **1L** |  |
| 3. Pre-Operational Inspection | Personal Injury   * Electric shock * Laceration * Fire / explosion * Exposure to hazardous atmosphere * Burns | **3H** | Inspect all equipment, and make sure of the following:   * Power tools are in good condition with undamaged power cords, no exposed wires and are tested and tagged. * Do not place electric leads/extension cords in areas where they could be damaged, run-over or pose a tripping hazard. Make sure they are tested and tagged. * Always use RCD/safety switches for electrical equipment. * Guards are used and properly in place * Blade edges are sharp and free of damage * Other items as applicable to work are available. | **2M** |  |
| 4. Operation | Personal Injury   * Physical / verbal violence * Electric shock * Falls * Crushing * Manual handling * Slips, trips * Animal attacks * Exposure to hazardous atmosphere | **3H** | Preferably, park in positions that allow easy access. Make sure there is no blocking-in of the vehicle. Make sure the location is suitable (not on lawn or driveway if car may leak oil, etc)  Make sure all communication equipment is on and notify supervisor on arrival. Never remove the mobile phone from your person. Make sure batteries are fully charged.  Follow footpaths, and driveways, etc. to the formal front entrance (unless directed otherwise by resident)  Take care not to cause damage to lawns, garden beds or other restricted areas, such as freshly laid cement, etc).  Ensure work boots are clean if it is necessary to wear them indoors.  When entering the premises, take note of exit routes. Make sure of maintaining safe means to exit.  Liaise with resident and inform them of the work you will be doing, its possible duration, potential hazards and what you require of the resident (example: keep clear of work area, etc).  Call and inform the client if you cannot attend the site at the agreed time.  Always assess suitable travel pathway to enter/exit house when carrying materials.  Check for stairs, stored items, corners or other obstructions as these can cause tripping, crushing of fingers, or awkward postures.  Remain respectful of client’s property and requests made (if applicable).   * Be careful not to scratch floors, walls * Make sure pets and items (rugs, furniture, appliances, etc.) are removed, if at risk * Be careful not to damage items – request that the resident move these if necessary. * Cover items/floors with drop sheets, etc. to prevent damage to items that remain in work area   Conduct work as required. Make sure to clear away all debris. Remove all scraps, packaging, dusts, paint, etc.  When leaving, notify supervisor from your vehicle, not from within client’s premises.  If feeling at risk of violence:   * Leave house/site immediately if possible * Drive away from premises (never continue driving if distressed). * When safe, notify supervisor   **Note:** If unable to leave, call emergency numbers (not supervisor). | **2M** |  |

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| **References:** |  |
|  | Model Work Health and Safety Act 2011 and Model Work Health and Safety Regulations 2011 |
| WorkSafe Victoria | Code of Practice for Manual Handling |
| AS/NZS 1716:2003 | Respiratory protective device |
| WorkSafe Victoria – | Compliance Code – Removing Asbestos in Workplaces |
| Safe Work Australia (2011) | Model Code of Practice: How to Manage and Control Asbestos in the Workplace |
| Worksafe WA Department of Commerce (2008) | Manual Handling and Plumbers (Water, Drainage, Gas, Sanitary and Maintenance). |
| WorkSafe Victoria (2006) | Preventing Violence against HealthCare Workers |
| WorkSafe Victoria (2008) | Prevention and Management of aggression in health services. |
| WorkSafe Victoria (2006) | Working Safely in Community Services |
| AS/NZS 60745.1 – 2009 | Hand Held Motor Generated Electric Tools. Safety – General Requirements |
| WorkSafe Victoria (2009) | Health and Safety Solutions – Preventing Electric shock from Power tools and electric leads |
| AS/NZS 3000 – 2007 | Wiring Rules |
| Safe Work Australia (2011) | Model Code of Practice: Hazardous Manual Tasks |

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| PERSONAL PROTECTIVE EQUIPMENT |
| Personal Protective Equipment Requirements |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Foot Protection** | **Hearing Protection** | **Protective Clothing** | **Head Protection** | **Eye Protection** | **Hand Protection** | **Sun Protection** | **Safety Harness** | | C:\Users\Virtual\Desktop\Safety PPE Signs\Boots.png | C:\Users\Virtual\Desktop\Safety PPE Signs\Ear Goggles.png | C:\Users\Virtual\Desktop\Safety PPE Signs\Apron.png | C:\Users\Virtual\Desktop\Safety PPE Signs\Hard Hat.png | C:\Users\Virtual\Desktop\Safety PPE Signs\Eye Goggles.png | C:\Users\Virtual\Desktop\Safety PPE Signs\Gloves.png | C:\Users\Virtual\Desktop\Safety PPE Signs\Sun Protection.png | C:\Users\Virtual\Desktop\Safety PPE Signs\Safety Harness1.jpg |   **PPE Notes:** The above PPE Requirements are the minimum requirements for all personnel involved in this task. Be sure to conduct a Risk Assessment for other factors that may influence the work environment such as Temperatures – Hot/Cold, Working in the Sun, Night Work etc. Be sure that all PPE used is approved by Australian Standards. |
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| **SIGN OFF** |
| Workers and relevant Persons Conducting Business or Undertaking (PCBU) were consulted for developing this SWMS. I have read the above SWMS and I understand its contents. I confirm that I have the necessary training and skills, including any relevant certifications to undertake the related tasks contained in this SWMS. I agree to comply with any safety guidelines, requirements and recommendations as set forth by the responsible officer within this SWMS including safety instructions and use of recommended Personal Protective Equipment. |

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| **Name** | **Qualifications** | **Signature** | **Date** | **Time** | **Employer** |
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| **RISK ASSESSMENT** |
| References: Risk Management Code of Practice 2007, AS/NZS 31000 -2009 Risk Management Principles and guidelines |

**Step 1 Determine Likelihood –** What is the possibility that the effect will occur? **Step 2 Determine Consequence –** Expected Consequences

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|  | **Likelihood** | **Definition** |
| **Almost certain** | Expected to happen in most circumstances. | A common and very possible result |
| **Likely** | Will probably occur in most circumstances. | Known to have occurred and has happened before |
| **Possible** | Might occur at some time | Could occur and is likely it has happened before |
| **Unlikely** | Could occur at some time | Not likely to occur |
| **Rare** | May occur only in exceptional circumstances | Very unlikely |

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| **Level of Consequence** | **Examples** |
| **Insignificant/Acceptable** | No consequence – so minor that the consequence is manageable |
| **Minor** | First aid treatment only; manageable and contained. |
| **Moderate** | Medical treatment; manageable with 3rd party assistance. |
| **Major** | Serious injuries; Down time and loss of productivity |
| **Catastrophic** | Death; Very serious consequences |

**Step 3 Determine the risk score Step 4 Record risk score** (**Note** – Risk scores are only estimated and should not be

Solely relied upon)

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|  | **CONSEQUENCE** | | | | |
| **LIKELIHOOD** | **Insignificant** | **Minor** | **Moderate** | **Major** | **Catastrophic** |
| **Almost certai**n | 3 High | 3 High | 4 Acute | 4 Acute | 4 Acute |
| **Likely** | 2 Medium | 3 High | 3 High | 4 Acute | 4 Acute |
| **Possible** | 1 Low | 2 Medium | 3 High | 4 Acute | 4 Acute |
| **Unlikely** | 1 Low | 1 Low | 2 Medium | 3 High | 4 Acute |
| **Rare** | 1 Low | 1 Low | 2 Medium | 3 High | 3 High |

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| **Score** | **Action** |
| **4**  **A: Acute** | URGENT – Act on and lower the risks immediately. Demands immediate attention. |
| **3**  **H: High** | Decisions required urgently by Management. |
| **2**  **M: Moderate** | Follow instructions given by management. |
| **1**  **L: Low** | Manageable. Review regularly, and if any conditions of work change. |

DISCLAIMER

BlueSafe Australia Pty Ltd supplies a generic template system of word documents that helps the employer to get a head start by providing them with a foundation to build a Work Health & Safety system for their business. BlueSafe Australia Pty Ltd templates are generic in nature and are not designed to be relied solely upon without the customisation of specific tasks.

Acquiring or creating & implementing an WHS System can greatly reduce the risks which are associated with your business, however having a complete WHS System does not 100% insulate a business from accidents or injuries in a workplace, and it does not guarantee that a Compensation Claim won’t be filed, however it significantly reduces the probability or likelihood by creating, adjusting and refining your systems as much as possible and ensuring that staff follow them.

The documents provided by BlueSafe Australia Pty Ltd are designed to help the employers’ awareness to safety in the workplace, and helping them with the first step to meeting their legislative obligations as an employer. Not only this, but it also creates an awareness for the employee in helping them be aware of their legislative obligations in the workplace, by taking responsibility for their actions, be ‘Safety Minded’ and helping the employer to create and maintain a safe workplace which also significantly reduces the possibilities and risks of an injury while at work.

The obligation rests with the employer to ensure that all systems in the workplace are applicable, practical and safe for their employees while ate work.

BlueSafe Australia Pty Ltd or any of our strategic alliances including associates or any third parties will not and cannot be held responsible for any claims, legal responsibility and litigation resulting from a workplace incident. It is the employers’ responsibility to provide a safe work environment for all staff, contractors and visitors in which BlueSafe Australia Pty Ltd does not in any way offer any service that carries or negates that responsibility. BlueSafe Australia Pty Ltd offers a number of products that gives employers a foundation to begin building a comprehensive system in order to meet their legislative requirements and obligations. BlueSafe Australia Pty Ltd will not and does not in any way offer any protection or indemnity from any form of litigation or claims, or any liabilities incurred or sustained. The absolute responsibility to create, implement and maintain a safe system of work and a safe working environment ultimately rests with the employer.