

Business Name:

Business Address:

ABN/NZBN:

## ASBESTOS (LICENSED REMOVAL) SAFE WORK METHOD STATEMENT (SWMS)




|  |          |  |
|--|----------|--|
| Business Contact:                                  | Phone #: | Principal Contractor (PC):   |
| Responsible person (for monitoring SWMS and work): |          | PC Address:  |
| Signature:   | Date:    | PC Phone #: <span style="float: right;">Date SWMS provided to PC:</span> |
| Contact Phone #:                                   |          | Contact Phone #:   |

### THIS WORK ACTIVITY INVOLVES THE FOLLOWING HAZARDOUS WORK AND ENVIRONMENTAL IMPACTS

- |   |  |  |  |  |
|---|--|--|--|--|
| <input checked="" type="checkbox"/> Electrical equipment    | <input type="checkbox"/> Elevated levels                   | <input checked="" type="checkbox"/> Slips, trips and falls | <input checked="" type="checkbox"/> Hazardous substances | <input type="checkbox"/> ?                           |
| <input type="checkbox"/> Hot Work                           | <input checked="" type="checkbox"/> Hazardous manual tasks | <input checked="" type="checkbox"/> Outdoor work           | <input type="checkbox"/> Remotely &/or isolated work     | <input type="checkbox"/> ?                           |
| <input checked="" type="checkbox"/> Noise and vibration     | <input type="checkbox"/> Native vegetation & weeds         | <input checked="" type="checkbox"/> Air quality            | <input checked="" type="checkbox"/> Waste                | <input checked="" type="checkbox"/> Vehicle movement |
| <input checked="" type="checkbox"/> Fuels, oils & chemicals | <input checked="" type="checkbox"/> Terrestrial fauna      | <input checked="" type="checkbox"/> Waterways & soils      | <input type="checkbox"/> Cultural heritage               | <input type="checkbox"/> ?                           |

### THIS WORK ACTIVITY INVOLVES THE FOLLOWING "HIGH-RISK CONSTRUCTION WORK" (HRCW - IDENTIFIED IN THE JOB TASK COLUMN)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Confined spaces   | <input type="checkbox"/> Mobile plant movement | <input type="checkbox"/> Demolition of a load-bearing structure                               | <input checked="" type="checkbox"/> Asbestos disturbance |
| <input type="checkbox"/> Using explosives  | <input type="checkbox"/> Diving work           | <input type="checkbox"/> Artificial extremes of temperature                                   | <input type="checkbox"/> Tilt-up or pre-cast concrete    |
| <input type="checkbox"/> Pressurised gas distribution mains or piping chemical, fuel or refrigerant lines energised electrical installations or services |  |   |  |
| <input type="checkbox"/> Structures or buildings involving structural alterations or repairs that require temporary support to prevent collapse          |  |   |  |
| <input type="checkbox"/> Involves a risk of a person falling from 2m or more, including work on telecommunications towers                                |  |   |  |
| <input type="checkbox"/> Working at depths greater than 1.5 Metres, including tunnels or mines   |  | <input type="checkbox"/> Work in an area that may have a contaminated or flammable atmosphere |  |
| <input type="checkbox"/> Work carried out adjacent to a road, railway or shipping lane, traffic corridor   |  | <input type="checkbox"/> In or near water or other liquid that involves the risk of drowning  |  |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| FOOT PROTECTION   | PROTECTIVE CLOTHING   | DISPOSABLE HAND PROTECTION  | DISPOSABLE HALF-FACE RESPIRATOR   | HALF-FACE RESPIRATORS (P1 / P2 / DISPOSABLE / CARTRIDGE)                              | FULL-FACE RESPIRATORS (P3)  | FULL-FACE RESPIRATORS (AIR-LINE)  |
|  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |

| LIKELIHOOD     | INSIGNIFICANT | MINOR        | MODERATE     | MAJOR     | CATASTROPHIC | SCORE         | ACTION                         |
|----------------|---------------|--------------|--------------|-----------|--------------|---------------|--------------------------------|
| ALMOST CERTAIN | 3 - HIGH      | 3 - HIGH     | 4 - ACUTE    | 4 - ACUTE | 4 - ACUTE    |               |                                |
| LIKELY         | 2 - MODERATE  | 3 - HIGH     | 3 - HIGH     | 4 - ACUTE | 4 - ACUTE    | 4A - ACUTE    | <b>DO NOT PROCEED.</b>         |
| POSSIBLE       | 1 - Low       | 2 - MODERATE | 3 - HIGH     | 4 - ACUTE | 4 - ACUTE    | 3H - HIGH     | Review before commencing work. |
| UNLIKELY       | 1 - Low       | 1 - Low      | 2 - MODERATE | 3 - HIGH  | 4 - ACUTE    | 2M - MODERATE | Maintain control measures.     |
| RARE           | 1 - Low       | 1 - Low      | 2 - MODERATE | 3 - HIGH  | 3 - HIGH     | 1L - Low      | Record and monitor.            |

| HIERARCHY OF CONTROLS | MOST EFFECTIVE | Elimination | Substitution | Isolation | Engineering | Administrative | PPE | LEAST EFFECTIVE |
|-----------------------|----------------|-------------|--------------|-----------|-------------|----------------|-----|-----------------|
|-----------------------|----------------|-------------|--------------|-----------|-------------|----------------|-----|-----------------|

| JOB TASK   | HAZARDS              | RISK | CONTROL MEASURES   | RESPONSIBLE PERSON |
|--|----------------------|------|--|--------------------|
| 1. Provide training and information to workers on Asbestos Containing Material (ACM) | Exposure to asbestos | 4A   | <ul style="list-style-type: none"> <li>The training and information provided to workers on Asbestos Containing Material (ACM) should include:               <ul style="list-style-type: none"> <li>Hazards and potential risks associated with ACM</li> <li>Information on ACM through Safety Data Sheet (SDS)</li> <li>Risk management process</li> <li>Work practices, procedures and control measures</li> <li>How to fit, use, maintain and clean personal protective equipment (PPE)</li> <li>Emergency procedures, including any special decontamination procedures or PPE failures</li> <li>First aid and incident reporting procedures</li> <li>The purpose and results of air monitoring including the types of health tests that may be required</li> <li>Checking controls are working and using them</li> <li>Waste collection and disposal.</li> </ul> </li> </ul>  | Supervisor         |
| 2. Prepare <a href="#">Asbestos Removal Control Plan</a>                             | Legislative breach   | 3H   | <ul style="list-style-type: none"> <li>The Asbestos Removal Control Plan must be specific to the site and provide copies to the principal contractor, occupants (domestic premises) and ensure it be accessible on-site for the duration of the job</li> <li>Determine the presence of asbestos/ACM:               <ul style="list-style-type: none"> <li>Competent person to identify if asbestos present</li> <li>Obtain as much information as possible on the location, type and condition of asbestos/ACM</li> <li>Obtain a copy of the asbestos register for the site</li> </ul> </li> <li>Take notes and photographs for future reference and/or inclusion in the asbestos register</li> <li><b>NOTE:</b> Ensure regulator notified at least 5 days before commencement of work</li> <li>Consultation concerning starting time, hazards and risks. Ensure:               <ul style="list-style-type: none"> <li>If represented by an elected Health and Safety Representative (HSR), they must be included in any consultation</li> </ul> </li> </ul> | Supervisor         |

Business Name:

Business Address:

ABN/NZBN:

| JOB TASK  | HAZARDS   | RISK  | CONTROL MEASURES   | RESPONSIBLE PERSON   |  |
|---|---|---|--|--|--|
|   |   |   | <ul style="list-style-type: none"> <li>Clean Changing:               <ul style="list-style-type: none"> <li>Use a clean towel to dry off</li> <li>Change into normal clothes</li> <li>Do not re-enter the clean/dirty areas.</li> </ul> </li> </ul>  |  |  |
| 21. Emergency response                                | <ul style="list-style-type: none"> <li>Injury</li> <li>Fatality</li> <li>Environmental damage</li> </ul>  | 4A  | <ul style="list-style-type: none"> <li><b>For police, fire or ambulance call '000.'</b></li> <li>Follow site emergency and evacuation procedures</li> <li>A communication system is available, e.g. a mobile phone or radio</li> <li>Check for dangers to self before helping others</li> <li>Maintain control of the area and stabilise the situation</li> <li>Apply first aid to the injured worker</li> <li>Complete an incident report.</li> </ul> | <ul style="list-style-type: none"> <li>Refer to your SWMS implementing instructions for further specific emergency responses.</li> </ul> | Supervisors and workers ensure controls followed |
| OVERALL RISK RATING AFTER CONTROLS                    |   | <input type="checkbox"/> 1 - Low <input checked="" type="checkbox"/> 2 - MODERATE <input type="checkbox"/> 3 - High <input type="checkbox"/> 4 - ACUTE  |  |  |  |
| PERMITS   | <input type="checkbox"/> Not applicable <input type="checkbox"/> Hot Work <input type="checkbox"/> Confined Space <input type="checkbox"/> Local council <input type="checkbox"/> ? |   |  |  |  |
| SITE MANAGEMENT PLAN                                  | Is the work associated with a Construction Project? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | If yes – This SWMS must align with requirements of the Site Management Plan in place for the Construction Project.   |  |  |
| PLANT & EQUIPMENT                                     |   | HAZARDOUS SUBSTANCES  |  | SUPERVISORY ARRANGEMENTS   |  |
| <input type="checkbox"/> Electrical tools and leads   | Tested and tagged quarterly   | <i>List hazardous substances taken on-site and have the SDS on-site.</i> <ol style="list-style-type: none"> <li></li> <li></li> <li></li> <li></li> <li></li> <li></li> <li></li> <li></li> <li></li> <li></li> </ol> |  | <input type="checkbox"/> Audits  |  |
| <input type="checkbox"/> Hand tools - Meet AS/NZS     | Regular visual inspection   |   |  | <input type="checkbox"/> Spot Checks   |  |
| <input type="checkbox"/> Ladders - Meet AS/NZS        | Inspected and tagged out if damaged   |   |  | <input type="checkbox"/> Reporting systems   |  |
| <input type="checkbox"/> Mobile plant- <i>specify</i> | Inspected and tagged out if damaged   |   |  | <input type="checkbox"/> Suitably qualified supervisors for job  |  |
| <input type="checkbox"/> ?                            |   |   |  | <input type="checkbox"/> Direct on-site supervision  |  |
| <input type="checkbox"/> ?                            |   |   |  | <input type="checkbox"/> Remote site: communication systems/schedule   |  |
| <input type="checkbox"/> ?                            |   |   |  |  |  |
| <input type="checkbox"/> ?                            |   |   |  |  |  |