

Business Name:

Business Address:

ABN/NZBN:

ASBESTOS (TRANSPORTING & DISPOSAL) SAFE WORK METHOD STATEMENT (SWMS)

Business Contact:	Phone #:	Principal Contractor (PC):
Responsible person <i>(for monitoring SWMS and work)</i> :		PC Address:
Signature:	Date:	PC Phone #: Date SWMS provided to PC:
Contact Phone #:		Job Site Address:

THIS WORK ACTIVITY INVOLVES THE FOLLOWING HAZARDOUS WORK AND ENVIRONMENTAL IMPACTS

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

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|---|---|---|--|
| <input type="checkbox"/> Confined spaces | <input checked="" 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 checked="" 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	DISPOSABLE HALF-FACE RESPIRATOR	DISPOSABLE HAND PROTECTION	PROTECTIVE CLOTHING	HALF-FACE RESPIRATORS (P1 / P2 / DISPOSABLE / CARTRIDGE)
				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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	DO NOT PROCEED.
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
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JOB TASK	HAZARDS	RISK	CONTROL MEASURES	RESPONSIBLE PERSON
1. Planning	Asbestos contamination	3H	<ul style="list-style-type: none"> Removal of friable ACM only be undertaken by a licensed asbestos removalist Waste only be removed to a site licensed to accept waste asbestos Persons intending to dispose of waste asbestos must contact the disposal site operator to check whether the site is appropriately licensed to accept the waste. 	Supervisor
	Vehicle failure	3H	<ul style="list-style-type: none"> Vehicle must be registered with the State Road and Traffic Authorities before use. Inspect the vehicle, as per manufacturers' instructions, before use ⚠ Do not use if any fault/damage/missing parts. Report immediately and follow LOTO procedures. 	
2. Training	Potential personal injury, property damage &/or environmental incident	3H	<ul style="list-style-type: none"> <u>Vehicle Operation:</u> <ul style="list-style-type: none"> All operators must be licensed and deemed competent on the make/model and type of vehicle and equipment operated Note: In the absence of load checking and warning devices, ensure operators are trained to recognise acceptable weight limitations <u>Licensing and Permits for ACM transport and disposal</u> <ul style="list-style-type: none"> All transport by road of Asbestos waste is regulated Ensure all relevant permits/licenses/ transport certificates are in place before the removal operation <i>Check for information on the transport, disposal and packaging of waste asbestos with your state/territory regulator. Place required permits, certificates and licenses in the appropriate section of this SWMS for reference (page 9)</i> <u>Emergency Response</u> - Ensure all relevant workers have undertaken training and received instruction in the use of all equipment and control measures. Include: <ul style="list-style-type: none"> Workers trained for emergencies involving the release of ACM from its packaging All operators are trained in safe and correct methods of ACM handling when transporting and disposing of the material. 	Supervisor

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JOB TASK	HAZARDS	RISK	CONTROL MEASURES	RESPONSIBLE PERSON		
			emergency first aid is required) • Warning signs placed if possible, to warn others of the hazard • ACM packaging compromised: <ul style="list-style-type: none"> ○ Ensure adequate PPE carried in the vehicle to manage asbestos released from packaging: e.g. vehicle accident ○ Adequate repair material carried, e.g. spare plastic wrap and duct tape ○ Adequate warning signs carried in-vehicle, e.g. 'Warning Asbestos' ○ IF packaging becomes exposed during transport: Wear PPE before attempting a repair • If small breach and easily repaired; Repair packaging using plastic /bags and duct tape to make secure for the trip • If large breach; organise assistance from licensed contractors for removal • If fire brigade is present request assistance to keep any exposed friable asbestos wetted if appropriate • As per the original task, only transport and dispose of per relevant State or Territory legislation and guidelines.			
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
PLANT & EQUIPMENT		HAZARDOUS SUBSTANCES		SUPERVISORY ARRANGEMENTS		
<input type="checkbox"/> Electrical tools and leads	Tested and tagged quarterly	List hazardous substances taken on-site and have the SDS on-site. 1. 2. 3. 4. 5.		<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-specify	Inspected and tagged out if damaged			<input type="checkbox"/> Suitably qualified supervisors for job		
<input type="checkbox"/> ?				<input type="checkbox"/> Direct on-site supervision		
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.				
SWMS SIGN-OFF		This SWMS developed in consultation and cooperation with workers and relevant organisation representatives. I have read the above SWMS, and I understand its contents. I confirm that I have the skills and training, including relevant certification, to conduct the task as described. I agree to comply with safety requirements within this SWMS, including risk control measures, safe work instructions, and PPE described.				
WORKERS' NAME	JOB ROLE / POSITION E.G. SUPERVISOR, WORKER, TRAINEE	LICENCES, COMPETENCIES & QUALIFICATIONS (add as applicable)			DATE	SIGNATURE
		TYPE / DESCRIPTION	CLASS	NUMBER		
		Construction Card				