

Business Name:

Business Address:

ABN/NZBN:

## COVID-19 AWARENESS AND RESPONSIBILITIES SAFE WORK METHOD STATEMENT (SWMS)












|  |          |  |
|--|----------|--|
| Business Contact:  | Phone #: | Principal Contractor (PC):   |
| Responsible person <i>(for monitoring SWMS and work)</i> : |          | Responsible person <i>(for monitoring SWMS and work)</i> :               |
| 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 type="checkbox"/> Electrical equipment    | <input type="checkbox"/> Elevated levels           | <input type="checkbox"/> Slips, trips and falls | <input type="checkbox"/> Hazardous substances        | <input type="checkbox"/> Infection control |
| <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 type="checkbox"/> Noise and vibration     | <input type="checkbox"/> Native vegetation & weeds | <input type="checkbox"/> Air quality            | <input type="checkbox"/> Waste                       | <input type="checkbox"/> Vehicle movement  |
| <input type="checkbox"/> Fuels, oils & chemicals | <input type="checkbox"/> Terrestrial fauna         | <input 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 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   | HEARING PROTECTION  | HIGH VISIBILITY   | HEAD PROTECTION   | EYE PROTECTION  | FACE PROTECTION  | HAND PROTECTION   | PROTECTIVE CLOTHING   | BREATHING PROTECTION  | SUN PROTECTION  | SAFETY HARNESS  |  |
|  |  |  |  |  |  |  |  |  |  |  | Rings, watches, jewellery that may become entangled must not be worn. Long and loose hair must be tied back. |
| <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"/>  | <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. TRAINING – Coronavirus (COVID-19) | <ul style="list-style-type: none"> <li>Infection transmission</li> <li>COVID-19 infection</li> </ul> | 4A   | <ul style="list-style-type: none"> <li>COVID-19 is spread from someone infected with COVID-19 virus to people they have been in 'close contact' with or by contact with contaminated hands, surfaces or objects contaminated by droplets spread by coughing or sneezing               <ul style="list-style-type: none"> <li>'Close contact' refers to:                   <ul style="list-style-type: none"> <li>Having face-to-face contact with an infected person for at least 15 minutes</li> <li>or been in the same closed space for at least 2 hours, as someone who has tested positive for the COVID-19 when that person was infectious.</li> </ul> </li> </ul> </li> <li>Generally, symptoms first appear 5 to 6 days after exposure to the virus, although it can range from 2 to 14 days. For this reason, people who might have been in contact with a confirmed case are being asked to self-isolate for 14 days</li> <li>Most COVID-19 cases appear to be spread from people who have symptoms.</li> <li>Universal Standard Precautions assume that all people demonstrating flu-like symptoms are potentially infectious</li> <li>Transmission of infection can be reduced by taking appropriate precautions.</li> </ul> <div style="background-color: red; color: white; padding: 10px;"> <p><b>Symptoms:</b></p> <ul style="list-style-type: none"> <li><b>Fevers</b></li> <li><b>Cough</b></li> <li><b>Sneezing</b></li> <li><b>Vomiting</b></li> <li><b>Fatigue</b></li> <li><b>Headaches</b></li> <li><b>Sore throat</b></li> <li><b>Runny nose</b></li> <li><b>Respiratory distress</b></li> </ul> </div> | Supervisor         |

| JOB TASK                                     | HAZARDS   | RISK | CONTROL MEASURES   | RESPONSIBLE PERSON   |
|--|---|------|--|--|
| 4. TRAINING - Equipment hygiene              | <ul style="list-style-type: none"> <li>Infection transmission</li> <li>COVID-19 infection</li> <li>Burns</li> </ul> | 4A   | <ul style="list-style-type: none"> <li>All equipment must be kept thoroughly clean</li> <li>Cleaning items that can be immersed in water:               <ul style="list-style-type: none"> <li>Dismantle items and rinse in warm water</li> <li>Wearing heavy-duty gloves, thoroughly scrub with hot water and soap or detergent</li> <li>Rinse in hot water (not less than 70°C) and allow to dry</li> </ul> </li> <li>Cleaning items that cannot be immersed in water: e.g. electrical equipment:               <ul style="list-style-type: none"> <li>Wear heavy-duty gloves</li> <li>Clean with a clean cotton pad saturated with 70% w/w ethyl alcohol</li> <li>Allow airing to dry.</li> </ul> </li> </ul>   | Supervisor and workers to follow control measures  |
| 5. Reporting possible COVID-19 infection     | <ul style="list-style-type: none"> <li>Infection transmission</li> <li>COVID-19 infection</li> </ul>                | 4A   | <ul style="list-style-type: none"> <li>A WORKER MUST NOT PRESENT AT WORK IF:               <ul style="list-style-type: none"> <li>You, or anyone you've been in close contact with, have travelled overseas in the last 14 days</li> <li>You have been in close contact with someone with a confirmed case of COVID-19</li> <li>If you exhibit any COVID-19 symptoms</li> </ul> </li> <li>Report to your supervisor</li> <li>Seek medical advice immediately</li> </ul> <p><b>⚠ If a worker is diagnosed with COVID-19, they must not return to work until medically cleared to do so.</b></p>   | Supervisor and workers to follow control measures  |
| 6. Arrival at site & performing the activity | <ul style="list-style-type: none"> <li>Infection transmission</li> <li>COVID-19 infection</li> </ul>                | 4A   | <ul style="list-style-type: none"> <li>Before attending the job, the supervisor will confirm the following:               <ul style="list-style-type: none"> <li>Are you or anyone at the residence/workplace experiencing any of the following symptoms:                   <ul style="list-style-type: none"> <li>Fever?</li> <li>Flu-like symptoms, such as coughing, sore throat and fatigue?</li> <li>Shortness of breath?</li> </ul> </li> <li>Have you, or anyone at the residence/workplace been in close contact with, travelled overseas in the last 14 days?</li> <li>Have you or anyone at the residence/workplace been in close contact with someone with a confirmed case of COVID-19?</li> </ul> </li> <li><b>⚠ If upon arrival or during the task anyone exhibits COVID-19 symptoms report to supervisor and leave the site immediately</b></li> <li><b>⚠ Workers must maintain good personal hygiene at all times</b></li> </ul> <p><u>Social Distancing:</u></p> <ul style="list-style-type: none"> <li>Workers must follow social distancing rules</li> <li>Remain at least 1.5 metres from other individuals wherever possible (1 person per 4 square metre rule)</li> <li>Organise work to only have single people in small areas, e.g. rooms wherever possible</li> </ul> | Supervisor to confirm the presence of COVID-19 at the workplace and workers to follow control measures |



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|   |                                     |   |   |                      |                  |  |             |
|---|-------------------------------------|---|---|----------------------|------------------|--|-------------|
| <b>PERMITS</b>  |                                     | <input type="checkbox"/> Not applicable <input type="checkbox"/> Hot Work <input type="checkbox"/> Confined Space <input type="checkbox"/> Local council <input type="checkbox"/> ? <input type="checkbox"/> ?  |   |                      |                  |  |             |
| <b>PLANT &amp; EQUIPMENT</b>                          |                                     | <b>HAZARDOUS SUBSTANCES</b>   | <b>SUPERVISORY ARRANGEMENTS</b>   |                      |                  |  |             |
| <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><br>1.<br>2.<br>3.<br>4.<br>5.<br>6.<br>7.<br>8.<br>9.<br>10.<br>11.<br>12.   | <input type="checkbox"/> Audits<br><input type="checkbox"/> Spot Checks<br><input type="checkbox"/> Reporting systems<br><input type="checkbox"/> Suitably qualified supervisors for job<br><input type="checkbox"/> Direct on-site supervision<br><input type="checkbox"/> Remote site: communication systems/schedule |                      |                  |  |             |
| <input type="checkbox"/> Hand tools - Meet AS/NZS     | Regular visual inspection           |   |   |                      |                  |  |             |
| <input type="checkbox"/> Ladders - Meet AS/NZS        | Inspected and tagged out if damaged |   |   |                      |                  |  |             |
| <input type="checkbox"/> Mobile plant- <i>specify</i> | Inspected and tagged out if damaged |   |   |                      |                  |  |             |
| <input type="checkbox"/> ?                            |                                     |   |   |                      |                  |  |             |
| <input type="checkbox"/> ?                            |                                     |   |   |                      |                  |  |             |
| <input type="checkbox"/> ?                            |                                     |   |   |                      |                  |  |             |
| <input type="checkbox"/> ?                            |                                     |   |   |                      |                  |  |             |
| <input type="checkbox"/> ?                            |                                     |   |   |                      |                  |  |             |
| <input type="checkbox"/> ?                            |                                     |   |   |                      |                  |  |             |
| <input type="checkbox"/> ?                            |                                     |   |   |                      |                  |  |             |
| <input type="checkbox"/> ?                            |                                     |   |   |                      |                  |  |             |
| <b>SWMS SIGN-OFF</b>                                  |                                     | 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. |   |                      |                  |  |             |
| <b>WORKERS' NAME</b>                                  | <b>SIGNATURE</b>                    | <b>JOB ROLE / POSITION</b><br>E.G. SUPERVISOR,<br>WORKER, TRAINEE   | <b>DATE</b>   | <b>WORKERS' NAME</b> | <b>SIGNATURE</b> | <b>JOB ROLE / POSITION</b><br>SUPERVISOR, WORKER,<br>TRAINEE | <b>DATE</b> |
| E.g. Jack Morris                                      |                                     | Supervisor  | 12/12/2019  |                      |                  |  |             |
|   |                                     |   |   |                      |                  |  |             |
|   |                                     |   |   |                      |                  |  |             |
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