

Business Name:

Business Address:

ABN/NZBN:

CLADDING REMOVAL-INSTALLATION - SWING STAGE SAFE WORK METHOD STATEMENT (SWMS)












Business Contact:	Phone #:	Principal Contractor (PC):
Responsible person (for monitoring SWMS and work):		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 checked="" type="checkbox"/> Electrical equipment | <input checked="" 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 type="checkbox"/> Air quality | <input checked="" type="checkbox"/> Waste | <input checked="" type="checkbox"/> Vehicle movement |
| <input checked="" type="checkbox"/> Fuels, oils & chemicals | <input 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 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 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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	<ul style="list-style-type: none"> Incorrect system design System collapse 	4A	<p>⚠️ All components of the suspended scaffold designed and approved by a competent person. (e.g. engineer)</p> <ul style="list-style-type: none"> Purpose-built suspended scaffolds must: <ul style="list-style-type: none"> Be verified by an engineer Be clearly marked with the brand name, model number, and serial number Be clearly marked with its capacity and intended use Clearly display the mass in kg of any movable or removable counterweights. ⚠️ Before operating the scaffold, a written statement that the scaffold is complete and safe for use supplied by the person responsible for erecting or altering the scaffold. 	Supervisor to confirm the correct system
	Lack of planning -potential injury, property damage &/or environmental incident	4A	<ul style="list-style-type: none"> Liaise with the building owner and obtain as applicable: <ul style="list-style-type: none"> Drawings Site survey Plan of services Structural engineer report Existing defects All chemicals, volatile fuels and gases have been deactivated Hazardous Materials Registers (asbestos/lead etc.) Relationship to surrounding properties. 	
	Regulatory breach	3H	<ul style="list-style-type: none"> All notices, permits and licences are in place before work commencing Ensure that written notice is given to the regulator at least 5 days before demolition work commences. 	

JOB TASK	HAZARDS	RISK	CONTROL MEASURES	RESPONSIBLE PERSON		
			into a horizontal position serious injury or death can occur • If a suspension may last up to 5 minutes – foothold straps or another way of placing weight on legs must be provided • Workers trained to: <ul style="list-style-type: none"> ○ Use a sit – type harness with padded legs to allow legs to remain horizontal ○ Move their legs in the harness to push against any footholds ○ Move their legs as high as possible, and keep their head as horizontal as possible. Consider the ability for workers to be able to follow these procedures when selecting harnesses ○ Ensure on-site workers are trained and familiar with emergency and evacuation procedures ○ Ensure EWP fitted with an emergency retrieval device, controlled descent device and an escape-rescue facility. 			
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"/> ? <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> 1. 2. 3. 4. 5. 6. 7.	<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"/> ?						
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				