

Business Name:

Business Address:

ABN/NZBN:

DRILLING AND PILING 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 type="checkbox"/> Elevated levels | <input checked="" type="checkbox"/> Slips, trips and falls | <input checked="" type="checkbox"/> Hazardous substances | <input checked="" type="checkbox"/> Silica dust |
| <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 checked="" 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)

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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 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 checked="" type="checkbox"/> Work in an area that may have a contaminated or flammable atmosphere | | |
| <input checked="" 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	Do not wear rings, watches or jewellery that may become entangled. Long and loose hair must be tied back.
											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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. Provide training on the health effects associated with respirable crystalline silica dust	Exposure to respirable crystalline silica (RCS) – dust inhalation	3H	<ul style="list-style-type: none"> Training and information provided to workers on RCS should include: <ul style="list-style-type: none"> Information on the health effects associated with respirable crystalline silica dust (Provide workers with a copy of 'Health Monitoring for Exposure to Hazardous Chemicals - Guide for workers': Safe Work Australia) Identification of RCS dust through Safety Datasheet (SDS) or labels Dust exposure prevention Checking controls are working and using them When and how to use any respiratory protective equipment provided and what to do if something goes wrong (Including worker respirator fit and check processes). 	Supervisor
2. Working outdoors	Extreme weather	3H	<ul style="list-style-type: none"> Check weather conditions – do not work in extreme conditions Reschedule works to work in more moderate temperatures. 	Supervisors to check all controls in place and followed Workers to follow controls and make supervisor aware of any issues
	Hyperthermia Hypothermia	3H	<ul style="list-style-type: none"> Ensure workers trained to recognise the symptoms of hyperthermia and hypothermia Hot conditions. Ensure: <ul style="list-style-type: none"> Suitable protective clothing Sun brim on hard hats Safety glasses - UV rated Use 30+ sunscreen on exposed skin Adequate drinking water Access to shade on breaks Adequate breaks. Cold conditions. Ensure: <ul style="list-style-type: none"> Schedule warm-up breaks Hold breaks inside Dress warmly in layers Stay dry (wet clothing chills the body rapidly) Workers must get out of the cold as soon as they can if starting to feel symptoms Alcohol, cigarettes, caffeine and certain medications increase susceptibility to cold. 	
3. HRCW Arrival on-site & assess	Personal injury, property damage &/or	3H	<ul style="list-style-type: none"> Work vehicles should be positioned in a safe location, clear of traffic/vehicles/pedestrians during equipment delivery and materials removal (deploy physical barriers, caution signs as necessary) Do not park illegally 	Supervisor to check the site and conduct

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JOB TASK	HAZARDS	RISK	CONTROL MEASURES	RESPONSIBLE PERSON
	<ul style="list-style-type: none"> Amputation Entanglement Fatality 		<ul style="list-style-type: none"> OPERATOR: <ul style="list-style-type: none"> Do not attempt to jump from the vehicle during roll-over – remain in the seat with seatbelt on After the incident has occurred, if able, turn off the engine Remain in position with the seatbelt on until help arrives, unless it is safe to exit the cabin If it is safe and injuries permit, exit cabin without jumping, and move clear from the vehicle PERSONNEL: <ul style="list-style-type: none"> Clear non-essential persons from the area Check for fuel and fluid leaks. Ensure there are no ignition sources Check for fire or fire/explosion risks. Use suitable fire protection equipment to control fire (if safe to do so) Do not approach the vehicle until Emergency Responders attend the scene NOTE: Vehicle may be unstable and unsafe to approach Do not place first responders at risk – await assistance from suitably trained and resourced Emergency Responders. 	

OVERALL RISK RATING AFTER CONTROLS

1 - Low
 2 - MODERATE
 3 - High
 4 - ACUTE

PLANT & EQUIPMENT	HAZARDOUS SUBSTANCES	SUPERVISORY ARRANGEMENTS
<input type="checkbox"/> Electrical tools and leads <input type="checkbox"/> Hand tools - Meet AS/NZS <input type="checkbox"/> Ladders - Meet AS/NZS <input type="checkbox"/> Mobile plant- <i>specify</i> <input type="checkbox"/> ? <input type="checkbox"/> ? <input type="checkbox"/> ? <input type="checkbox"/> ? <input type="checkbox"/> ? <input type="checkbox"/> ?	Tested and tagged quarterly Regular visual inspection Inspected and tagged out if damaged Inspected and tagged out if damaged 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	<i>List hazardous substances taken on-site and have the SDS on-site.</i> <input type="checkbox"/> Audits <input type="checkbox"/> Spot Checks <input type="checkbox"/> Reporting systems <input type="checkbox"/> Suitably qualified supervisors for job <input type="checkbox"/> Direct on-site supervision <input type="checkbox"/> Remote site: communication systems/schedule

PERMITS Not applicable Hot Work Confined Space Local council ? ?

SITE MANAGEMENT PLAN Is the work associated with a Construction Project? Yes No *If yes – This SWMS must align with requirements of the Site Management Plan in place for the Construction Project.*