

Business Name:

Business Address:

ABN/NZBN:

## FENCING (SEDIMENT) 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 #:		Job Site Address:

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

- |   |   |  |   |  |
|---|---|--|---|--|
| <input 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 checked="" type="checkbox"/> Night work       |
| <input type="checkbox"/> Hot Work                           | <input checked="" type="checkbox"/> Hazardous manual tasks    | <input checked="" type="checkbox"/> Outdoor work           | <input checked="" 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 checked="" 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 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 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	SEAT BELT
											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
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JOB TASK	HAZARDS	RISK	CONTROL MEASURES	RESPONSIBLE PERSON
1. Working outdoors	Extreme weather	3H	<ul style="list-style-type: none"> <li>Check weather conditions – do not work in extreme conditions</li> <li>Reschedule works to work in more moderate temperatures.</li> </ul>	<b>Supervisor</b> to maintain awareness of weather conditions  <b>Operator</b> to follow controls
	Hyperthermia Hypothermia	3H	<ul style="list-style-type: none"> <li>Ensure vehicle cabin is air-conditioned</li> <li>Workers trained to recognise the symptoms of hyperthermia and hypothermia</li> <li><u>Hot conditions. Ensure:</u> <ul style="list-style-type: none"> <li>Suitable protective clothing</li> <li>Sun brim on hard hats</li> <li>Safety glasses - UV rated</li> <li>Use 30+ sunscreen on exposed skin</li> <li>Adequate drinking water</li> <li>Access to shade on breaks</li> <li>Adequate breaks.</li> </ul> </li> <li><u>Cold conditions. Ensure:</u> <ul style="list-style-type: none"> <li>Schedule warm-up breaks</li> <li>Hold breaks inside</li> <li>Dress warmly in layers</li> <li>Stay dry (wet clothing chills the body rapidly)</li> <li>Workers must get out of the cold as soon as they can if starting to feel symptoms</li> <li>Alcohol, cigarettes, caffeine and certain medications increase susceptibility to cold.</li> </ul> </li> </ul>	
2. <b>HRCW</b> Working alone	Emergency	4A	<ul style="list-style-type: none"> <li>Ensure a second person knows your location and expected time of return</li> <li>Use mobile phone, telephone or radio to periodically check-in</li> <li>Communication equipment within easy reach at all times</li> <li>Take extra care to work safely and methodically</li> <li>Have first aid kit readily available and stocked appropriately</li> <li>Where the risk assessment has identified particularly high-risk tasks, utilise a second person (buddy) to assist or backup               <ul style="list-style-type: none"> <li>Do not expose both people to the hazard simultaneously. The second person should be within sight, but safely removed from the immediate area</li> <li>The 'buddy' must be trained in the specific activities the worker he/she is observing for is undertaking, be properly equipped with emergency equipment, and be capable of undertaking pre-planned rescue or emergency operations where needed.</li> </ul> </li> </ul>	<b>Operator</b> to make sure to maintain call log

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

<b>OVERALL RISK RATING AFTER CONTROLS</b>	<input type="checkbox"/> 1 - Low	<input checked="" type="checkbox"/> 2 - MODERATE	<input type="checkbox"/> 3 - High	<input type="checkbox"/> 4 - ACUTE
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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.	<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

<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"/> ?
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<b>SITE MANAGEMENT PLAN</b>	Is the work associated with a Construction Project? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes – This SWMS must align with requirements of the Site Management Plan in place for the Construction Project.</i>
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**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 <i>(add as applicable)</i>			DATE	SIGNATURE
		TYPE / DESCRIPTION	CLASS	NUMBER		
		Construction Card				