

Business Name:

Business Address:

ABN/NZBN:

FLOORS (TIMBER - SANDING/FINISHING) 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"/> Out-of-hours 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 checked="" type="checkbox"/> Silica dust |
| <input checked="" type="checkbox"/> Noise and vibration | <input type="checkbox"/> Native vegetation & weeds | <input checked="" type="checkbox"/> Air quality | <input checked="" type="checkbox"/> Waste | <input 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)

- | | | | |
|--|--|---|---|
| <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 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, jewellery that may become entangled. Long and loose hair must be tied back.
											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	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. Out-of-hours / night work	Fatigue Unauthorised access	3H	<ul style="list-style-type: none"> Allow adequate meal breaks for workers; especially if they have worked during part of the day, they will need time to rest & recover sufficiently to work safely into the evening/night Do not schedule full double shifts for workers as worker fatigue increases the risk of incidents Workers have access to: <ul style="list-style-type: none"> Suitable amenities (toilets/wash facilities/drinking water) Sufficient lighting (including parking areas) Air conditioning and heating Mechanical ventilation if required Emergency exits Safe area for parking/unloading equipment – protected from rain Ensure that adequate lighting will be available ⚠ <i>Do not work alone at night.</i> 	Supervisor
2. Working alone	Emergency	3H	<ul style="list-style-type: none"> Avoid people working alone, use a buddy system to provide immediate support Have a reliable communication system in place and test regularly All workers trained in communication protocol: <ul style="list-style-type: none"> Mobile phones are to be kept on the worker at all times and switched on Workers to call supervisor upon arrival and departure and make regular call-ins Call-in times agreed with relevant worker and supervisor and based on the risk level expected at the site Supervisor to have address details, expected arrival/departure & visit duration times Supervisors have details of the worker's vehicle (registration, colour make, model) Workers only attend the site as directed by their supervisor Emergency procedures in place if call-ins are not received, or communication lost with the worker. 	Supervisor

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JOB TASK	HAZARDS	RISK	CONTROL MEASURES			RESPONSIBLE PERSON
	I damage		<ul style="list-style-type: none"> Check for dangers to self before helping others Maintain control of the area and stabilise the situation Apply first aid to the injured worker Complete an incident report. Refer to your SWMS implementing instructions for further specific emergency responses. 			controls followed
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			<i>If yes</i> – 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 <i>(add as applicable)</i>			DATE	SIGNATURE
		TYPE / DESCRIPTION	CLASS	NUMBER		
		Construction Card				
		Construction Card				
		Construction Card				