# Floors (Timber - Sanding/Finishing) Safe Work Method Statement (SWMS)

**Business Contact:**
- **Phone #:**

**Responsible person (for monitoring SWMS and work):**
- **Signature:**
- **Date:**

**Contact Phone #:**

**Principal Contractor (PC):**
- **PC Address:**
- **PC Phone #:**
- **Date SWMS provided to PC:**
- **Job Site Address:**

## This Work Activity Involves the Following Hazardous Work and Environmental Impacts

- Electrical equipment
- Elevated levels
- Slips, trips and falls
- Hot work
- Hazardous manual tasks
- Outdoor work
- Noise and vibration
- Native vegetation & weeds
- Air quality
- Noise and vibration
- Native vegetation & weeds
- Air quality
- Fuels, oils & chemicals
- Terrestrial fauna
- Waterways & soils
- Waste
- Vehicle movement
- Silica dust

## This Work Activity Involves the Following "High-Risk Construction Work" (HRCW - Identified in the Job Task Column)

- Confined spaces
- Mobile plant movement
- Demolition of a load-bearing structure
- Asbestos disturbance
- Using explosives
- Diving work
- Artificial extremes of temperature
- Tilt-up or pre-cast concrete
- Pressurised gas distribution mains or piping chemical, fuel or refrigerant lines energised electrical installations or services
- Structures or buildings involving structural alterations or repairs that require temporary support to prevent collapse
- Involves a risk of a person falling from 2m or more, including work on telecommunications towers
- Working at depths greater than 1.5 Metres, including tunnels or mines
- Work in an area that may have a contaminated or flammable atmosphere
- Work carried out adjacent to a road, railway or shipping lane, traffic corridor
- In or near water or other liquid that involves the risk of drowning

### Personal Protective Equipment

- **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.
### LIKELIHOOD

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Insignificant</th>
<th>Minor</th>
<th>Moderate</th>
<th>Major</th>
<th>Catastrophic</th>
<th>Score</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost Certain</td>
<td>3 - High</td>
<td>3 - High</td>
<td>4 - Acute</td>
<td>4 - Acute</td>
<td>4 - Acute</td>
<td>4A - Acute</td>
<td>DO NOT PROCEED.</td>
</tr>
<tr>
<td>Likely</td>
<td>2 - Moderate</td>
<td>3 - High</td>
<td>3 - High</td>
<td>4 - Acute</td>
<td>4 - Acute</td>
<td>3H - High</td>
<td>Review before commencing work.</td>
</tr>
<tr>
<td>Possible</td>
<td>1 - Low</td>
<td>2 - Moderate</td>
<td>3 - High</td>
<td>4 - Acute</td>
<td>4 - Acute</td>
<td>2M - Moderate</td>
<td>Maintain control measures.</td>
</tr>
<tr>
<td>Unlikely</td>
<td>1 - Low</td>
<td>1 - Low</td>
<td>2 - Moderate</td>
<td>3 - High</td>
<td>4 - Acute</td>
<td>1L - Low</td>
<td>Record and monitor.</td>
</tr>
</tbody>
</table>

### HIERARCHY OF CONTROLS

- **Most Effective:** Elimination > Substitution > Isolation > Engineering > Administrative > PPE
- **Least Effective:**

### JOB TASK

1. **Out-of-hours / night work**
   - **Fatigue**
   - **Unauthorised access**
   - **Risk:** 3H
   - **Control Measures:**
     - 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:
       - 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
       - Do not work alone at night.
   - **Responsible Person:** Supervisor

2. **Working alone**
   - **Emergency**
   - **Risk:** 3H
   - **Control Measures:**
     - 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:
       - 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.
   - **Responsible Person:** Supervisor
**JOB TASK** | **HAZARDS** | **RISK** | **CONTROL MEASURES** | **RESPONSIBLE PERSON**
--- | --- | --- | --- | ---
I damage | • 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. | | controls followed |

**OVERALL RISK RATING AFTER CONTROLS**

<table>
<thead>
<tr>
<th></th>
<th>1 - LOW</th>
<th>2 - MODERATE</th>
<th>3 - HIGH</th>
<th>4 - ACUTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERMITS</td>
<td>☐ Not applicable</td>
<td>☐ Hot Work</td>
<td>☐ Confined Space</td>
<td>☐ Local council</td>
</tr>
</tbody>
</table>

**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.

**PLANT & EQUIPMENT**

<table>
<thead>
<tr>
<th>TYPE / DESCRIPTION</th>
<th>DATE</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrical tools and leads</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand tools - Meet AS/NZS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ladders - Meet AS/NZS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile plant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HAZARDOUS SUBSTANCES**

List hazardous substances taken on-site and have the SDS on-site.

1.  
2.  
3.  
4.  
5.  
6.  
7.  

**SUPERVisory ARRANGEMENTS**

| Audits | Spot Checks | Reporting systems | Suitably qualified supervisors for job | Direct on-site supervision |
| Reports | Spot Checks | Reporting systems | Suitably qualified supervisors for job | Direct on-site supervision |
| Remote site: communication systems/schedule | | |

**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** | **TYPE / DESCRIPTION** | **CLASS** | **NUMBER** | **DATE** | **SIGNATURE**
--- | --- | --- | --- | --- | --- | ---
| | E.G. SUPERVISOR, WORKER, TRAINEE | Construction Card | | | | |
| | | Construction Card | | | | |
| | | Construction Card | | | | |

**DOCUMENT #:** | **VERSION #:** | **DEVELOPED BY** | **SIGNATURE:** | **REVIEW #:**
--- | --- | --- | --- | ---
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**NOTE:** Refer to your SWMS implementing instructions for further specific emergency responses.