

Business Name:

Business Address:

ABN/NZBN:

## GENERATOR (PORTABLE) SAFE WORK METHOD STATEMENT (SWMS)












Business Contact:	Phone #:	Principal Contractor (PC):
Responsible person (for monitoring SWMS and work):		Job Address:
Signature:	Date:	PC Phone #: <span style="float: right;">Date SWMS provided to PC:</span>
Contact Phone #:		Contact Phone #:

### 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 type="checkbox"/> Silica dust                 |
| <input type="checkbox"/> Hot Work                           | <input checked="" type="checkbox"/> Hazardous manual tasks | <input 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 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)

- |  |  |   |   |
|--|--|---|---|
| <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 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 or jewellery that may become entangled. Long and loose hair must be tied back.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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	<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. Transporting the generator to/from sites	Crush injuries	4A	<ul style="list-style-type: none"> <li>Towing a trailer-mounted generator:               <ul style="list-style-type: none"> <li>Block wheels to prevent accidental movement during coupling and uncoupling</li> <li>Hitch generator to the vehicle, check coupling and safety chains are secure</li> <li>Plugin rear warning (indicator) lamps lead to the socket on the vehicle</li> <li>Check that the warning lights are operating correctly</li> <li>Ensure that the jockey wheel and stabiliser legs raised and secured</li> <li>Check delivery location is agreed on and suitable</li> <li>Do not drive at an excessive speed when towing.</li> </ul> </li> </ul>	<b>Supervisors</b> to check all controls in place and followed  <b>Workers</b> to follow controls and make supervisor aware of any issues
	Fire / explosion	3H	<ul style="list-style-type: none"> <li>Secure fuel containers outside of the main cabin.</li> <li>Ensure the fuel valve on the generator is in the closed position. Fuel:               <ul style="list-style-type: none"> <li>Minimum quantities stored</li> <li>Containers clearly labelled and legible</li> <li>Fire protection equipment accessible, tested and tagged.</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>Projectile</li> <li>Moving objects</li> </ul>	3H	<ul style="list-style-type: none"> <li>Smaller portable generators must be transported in a trailer, or tray of utility – not inside the cabin of the vehicle</li> <li>Secure the generator in the vehicle tray with lashing/restraint equipment to prevent movement during transport</li> <li>Ensure that all persons stand clear of potential fall zones during loading/unloading the generator.</li> </ul>	
	Musculoskeletal (MSD) injuries	3H	<ul style="list-style-type: none"> <li>Use safe manual handling techniques for loading and unloading the generator</li> <li>Do not attempt to lift the machine by yourself. Use lifting equipment to move the generator where required. If using team handling:               <ul style="list-style-type: none"> <li>Ensure all persons matched physically</li> <li>One person directs the move</li> <li>Move planned and rehearsed</li> <li>Team handling only used where better means to move equipment (trolley) are not practicable</li> </ul> </li> </ul>	

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JOB TASK	HAZARDS	RISK	CONTROL MEASURES	RESPONSIBLE PERSON
	I damage		<ul style="list-style-type: none"> <li>• Check for dangers to self before helping others</li> <li>• Maintain control of the area and stabilise the situation</li> <li>• Apply first aid to the injured worker</li> <li>• Complete an incident report.</li> <li>• <b>Refer to your SWMS implementing instructions for further specific emergency responses.</b></li> </ul>	controls followed

<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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<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	If yes – This SWMS must align with requirements of the Site Management Plan in place for the Construction Project.
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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.	<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"/> 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 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				
		Construction Card				