

Business Name:

Business Address:

ABN/NZBN:

HEIGHTS (WORKBOX) 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 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"/> ? |
| <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 type="checkbox"/> Native vegetation & weeds | <input type="checkbox"/> Air quality | <input checked="" type="checkbox"/> Waste | <input checked="" type="checkbox"/> Vehicle movement |
| <input type="checkbox"/> Fuels, oils & chemicals | <input 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 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 checked="" 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 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	Rings, watches, jewellery that may become entangled must not be worn. Long and loose hair must be tied back.
											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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
-----------------------	----------------	-------------	--------------	-----------	-------------	----------------	-----	-----------------

JOB TASK	HAZARDS	RISK	CONTROL MEASURES	RESPONSIBLE PERSON
1. Planning	Contact with overhead electric lines	4A	<ul style="list-style-type: none"> Liaise with electricity supply authorities regarding control measures for working near overhead electric lines. In general: <ul style="list-style-type: none"> 3m above, either side and below power lines is No Go Zone 3-6.4m of power lines a Spotter is required Further than 6.4m of electric lines is an open area No work to be conducted within a 10m radius of SWER transformer. <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>Note: <i>Authorised persons may be permitted to work within minimum safe distance zones for jobs such as tree clearing work, provided requirements of the State Energy Authority and owner of the electric line are followed.</i></p> </div>	Supervisor to liaise with electricity supply authorities & workbox maintenance
	Equipment Failure	3H	<ul style="list-style-type: none"> Ensure all servicing and maintenance is performed by suitably licensed, qualified & competent persons, as per legislative requirements, and manufacturer's recommendations Inspecting and testing workbox must include the: <ul style="list-style-type: none"> Annual inspections Regular weekly, monthly inspection and maintenance Daily Pre-operational inspections and checks Inspections and maintenance should include: <ul style="list-style-type: none"> The effective functioning of safety devices and lifting equipment Detailed visual inspection check for corrosion or damage (wear, cracks) Detailed examination of critical areas for evidence of cracking Emergency and safety devices (anchor points, harnesses) Signage, including warning signs and decals Extra items nominated in the manufacturer's instructions All replacement parts should be identical or equivalent to the original parts or components Maintain and complete the logbook of service and maintenance history as required Inspection records should include a statement from the appropriate competent person confirming the workbox has been inspected and is safe to use. 	



Business Name:

Business Address:

ABN/NZBN:

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 – This SWMS must align with requirements of the Site Management Plan in place for the Construction Project.</i>
-----------------------------	--	---

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 onsite.</i> 1. 2. 3. 4. 5. 6. 7.	<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
<input type="checkbox"/> Hand tools - Meet AS/NZS	Regular visual inspection		
<input type="checkbox"/> Ladders - Meet AS/NZS	Inspected and tagged out if damaged		
<input type="checkbox"/> Mobile plant- <i>specify</i>	Inspected and tagged out if damaged		
<input type="checkbox"/> ?			
<input type="checkbox"/> ?			
<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 <small>E.G. SUPERVISOR, WORKER, TRAINEE</small>	LICENCES, COMPETENCIES & QUALIFICATIONS <i>(add as applicable)</i>			DATE	SIGNATURE
		TYPE / DESCRIPTION	CLASS	NUMBER		
		Construction Card				
		Construction Card				
		Construction Card				
		Construction Card				
		Construction Card				
		Construction Card				