

Business Name:

Business Address:

ABN/NZBN:

INSULATION (SISALATION) 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 checked="" 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 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 type="checkbox"/> Cultural heritage | <input type="checkbox"/> ? |

THIS WORK ACTIVITY INVOLVES THE FOLLOWING "HIGH-RISK CONSTRUCTION WORK" (HRCW - IDENTIFIED IN THE JOB TASK COLUMN)

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|--|--|---|---|
| <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 or jewellery that may become entangled. Long and loose hair must be tied back.
											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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. Working outdoors	Extreme weather	3H	<ul style="list-style-type: none"> Check weather conditions – do not work in extreme conditions Reschedule works to work in more moderate temperatures. 	Supervisor to maintain awareness of weather conditions Operator to follow controls
	Hyperthermia Hypothermia	3H	<ul style="list-style-type: none"> Workers are trained to recognise the symptoms of hyperthermia and hypothermia <u>Hot conditions. Ensure:</u> <ul style="list-style-type: none"> Suitable protective clothing Sun brim on hard hats Safety glasses - UV rated Use 30+ sunscreen on exposed skin Adequate drinking water Access to shade on breaks Adequate breaks. <u>Cold conditions. Ensure:</u> <ul style="list-style-type: none"> Schedule warm-up breaks Hold breaks inside Dress warmly in layers Stay dry (wet clothing chills the body rapidly) Workers must get out of the cold as soon as they can if starting to feel symptoms Alcohol, cigarettes, caffeine and certain medications increase susceptibility to cold. 	
2. Arrival on-site & assess onsite conditions	Personal injury, property damage &/or environmental incident	3H	<ul style="list-style-type: none"> The vehicle should be positioned in a safe location, clear of traffic/vehicles/pedestrians during equipment delivery and materials removal (deploy physical barriers, caution signs as necessary) Do not park illegally Identify and obey all safety-related signage (check site entry requirements) Report to Site Supervisor Site-specific induction undertaken Assess mobile phone reception The worksite is exactly as detailed in Terms of Agreement or contract Complete a JSA specifying the control measures of unanticipated hazards. 	Supervisor to check the site and conduct JSA where necessary & implement a falls rescue plan
	Falls from height > 2m.	4A	<ul style="list-style-type: none"> When using a harness on the roof, implement a Falls Emergency Rescue Plan. Whenever a person is wearing a harness, a rescue plan must be in place as suspension trauma can occur to persons who fall and remain in the harness for more than 5 minutes 	

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JOB TASK	HAZARDS	RISK	CONTROL MEASURES	RESPONSIBLE PERSON
	<ul style="list-style-type: none"> Environmental damage 		<ul style="list-style-type: none"> Follow site emergency and evacuation procedures A communication system is available, e.g. a mobile phone or radio 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. 	ensure 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
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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"/> ?
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SITE MANAGEMENT PLAN	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. 5.	<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

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				