

Business Name:

Business Address:

ABN/NZBN:

LANDSCAPING (PLANTING) 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 checked="" type="checkbox"/> Silica dust |
| <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 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)

- | | | | |
|--|--|---|---|
| <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 checked="" 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 type="checkbox"/>	<input 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. Provide training on the health effects associated with respirable crystalline silica dust	Exposure to respirable crystalline silica (RCS) – dust inhalation	3H	<ul style="list-style-type: none"> Training and information provided to workers on RCS should include: <ul style="list-style-type: none"> Information on the health effects associated with respirable crystalline silica dust (Provide workers with a copy of 'Health Monitoring for Exposure to Hazardous Chemicals - Guide for workers': Safe Work Australia) Identification of RCS dust through Safety Datasheet (SDS) or labels Dust exposure prevention Checking controls are working and using them When and how to use any respiratory protective equipment provided and what to do if something goes wrong (Including worker respirator fit and check processes). 	Supervisor
2. Planning	Unpermitted works near roads	3H	<ul style="list-style-type: none"> Obtain written consent from Coordinating Road Authority if applicable. Example: <ul style="list-style-type: none"> Minor works (mowing) with no traffic impact = no consent required Where traffic is impacted, consent is required Roads other than freeways, minor works = no consent Ensure work timed to avoid high traffic times. E.g.: <ul style="list-style-type: none"> Peak hour School drop-off and pick up (if applicable). 	Supervisor
	Drowning	3H	<ul style="list-style-type: none"> Plan to avoid working in or near water wherever possible Ensure sufficient staff for the task Include Spotters where required. 	
3. Training	Injury	3H	<ul style="list-style-type: none"> Training of operators must include the identification of flora and fauna and awareness of their impact on the operator All people working adjacent to traffic must have additional training and accreditation. 	Supervisor
4. Working outdoors	Bites & stings from insects reptiles and	3H	<ul style="list-style-type: none"> First Aid requirements: <ul style="list-style-type: none"> Provision of first aid equipment - adequate Bites/Stings First Aid kit is available Each worker must have access to the equipment 	Supervisor to maintain awareness of



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 on-site.</i> 1. 2. 3. 4. 5.	<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"/> ?			

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				
		Construction Card				