

Business Name:

Business Address:

ABN/NZBN:

MOBILE PLANT (RIDE-ON MOWER) 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 checked="" type="checkbox"/> Elevated levels | <input checked="" type="checkbox"/> Slips, trips and falls | <input checked="" type="checkbox"/> Hazardous substances | <input type="checkbox"/> Night work |
| <input type="checkbox"/> Hot Work | <input checked="" type="checkbox"/> Hazardous manual tasks | <input checked="" type="checkbox"/> Outdoor work | <input checked="" 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	SEAT BELT
											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	<ul style="list-style-type: none"> Infection Disease Bites Stings Fatality 	4A	<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 Workers have access to facilities for the administration of first aid Ensure vaccinations (such as Hepatitis B, tetanus etc.) offered for staff Persons with known allergic responses should consult a doctor and ensure appropriate kit is always available (Including EpiPen - in date). 	Supervisor to maintain awareness of weather conditions Operator to follow controls
	Extreme weather	3H	<ul style="list-style-type: none"> Check weather conditions – do not work in extreme conditions Re-schedule works to work in more moderate temperatures. 	
	Hyperthermia Hypothermia	3H	<ul style="list-style-type: none"> Workers 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. Working alone	Emergency	4A	<ul style="list-style-type: none"> Ensure a second person knows your location and expected time of return Use mobile phone, telephone or radio to periodically check-in Communication equipment within easy reach at all times Take extra care to work safely and methodically Have a first aid kit readily available and stocked appropriately. 	Operator to maintain call log ins



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OVERALL RISK RATING AFTER CONTROLS 1 - Low 2 - MODERATE 3 - High 4 - ACUTE

PERMITS Not applicable Hot Work Confined Space Local council ? ?

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		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 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				
		Construction Card				
		Construction Card				