

Business Name:

Business Address:

ABN/NZBN:

MOBILE PLANT (EARTHMOVING EQUIPMENT) SAFE WORK METHOD STATEMENT (SWMS)

This SWMS is suitable for businesses operating Skid-steer/Bobcat, Backhoe, Excavator, Front-end Loader, Tractors & Track Drott Loaders.

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 checked="" 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 checked="" type="checkbox"/> Silica dust |
| <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 checked="" 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 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 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 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
-----------------------	----------------	-------------	--------------	-----------	-------------	----------------	-----	-----------------

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"> Ensure vehicle cabin is air-conditioned 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. HRCW 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 first aid kit readily available and stocked appropriately Where the risk assessment has identified particularly high-risk tasks, utilise a second person (buddy) to assist or backup <ul style="list-style-type: none"> Do not expose both people to the hazard simultaneously. The second person should be within sight, but safely removed from the immediate area The 'buddy' must be trained in the specific activities the worker he/she is observing for is undertaking, be properly equipped with emergency equipment, and be capable of undertaking pre-planned rescue or emergency operations where needed and it is safe to do so. 	Operator to make sure to maintain call log

JOB TASK	HAZARDS	RISK	CONTROL MEASURES	RESPONSIBLE PERSON
	<ul style="list-style-type: none"> Crush injuries Amputation Entanglement Fatality 		<ul style="list-style-type: none"> OPERATOR: <ul style="list-style-type: none"> Do not attempt to jump from the vehicle during roll-over – remain in the seat with seatbelt on After the incident has occurred, if able, turn off the engine Remain in position with the seatbelt on until help arrives, unless it is safe to exit the cabin If it is safe and injuries permit, exit cabin without jumping, and move clear from the vehicle PERSONNEL: <ul style="list-style-type: none"> Clear non-essential persons from the area Check for fuel and/or fluid leaks. Ensure there are no ignition sources Check for fire or fire/explosion risks. Use suitable fire protection equipment to control fire (if safe to do so) Do not approach the vehicle until Emergency Responders attend the scene NOTE: Vehicle may be unstable and unsafe to approach Do not place first responders at risk – await assistance from suitably trained and resourced Emergency Responders. 	

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	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. 8. 9. 10. 11.	<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
<input type="checkbox"/> ?			
<input type="checkbox"/> ?			
<input type="checkbox"/> ?			
<input type="checkbox"/> ?			
<input type="checkbox"/> ?			