

Business Name:

Business Address:

ABN/NZBN:

SECURITY GUARD (CONSTRUCTION SITES) 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 type="checkbox"/> Hazardous substances | <input type="checkbox"/> Silica dust |
| <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"/> Night work |
| <input type="checkbox"/> Noise and vibration | <input type="checkbox"/> Native vegetation & weeds | <input type="checkbox"/> Air quality | <input type="checkbox"/> Waste | <input checked="" type="checkbox"/> Vehicle movement |
| <input type="checkbox"/> Fuels, oils & chemicals | <input type="checkbox"/> Terrestrial fauna | <input 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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
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JOB TASK	HAZARDS	RISK	CONTROL MEASURES	RESPONSIBLE PERSON
1. Night work	<ul style="list-style-type: none"> Fatigue Inadequate amenities 	3H	<ul style="list-style-type: none"> Allow for adequate meal breaks for guards, especially if they have worked during part of the day, they will need time to rest and recover sufficiently to work safely into the evening/night Do not schedule full double shifts for guards as worker fatigue increases the risk of incidents Where guards work shifts are longer than 8 hours, the pace and duration of repetitive work or sustained effort should be reviewed and reduced where necessary Ensure to schedule additional security personnel on-site to ensure no unauthorised access by the general public while work is being performed Guards have access to: <ul style="list-style-type: none"> Suitable amenities (toilets/wash facilities/drinking water) Sufficient lighting (including parking areas) Air conditioning and heating Mechanical ventilation if required Emergency exits lit and unblocked Safe area for parking-protected from the rain. 	Supervisor
2. Working alone	Emergency	4A	<ul style="list-style-type: none"> A 'Buddy' system is utilised for high-risk tasks undertaken in remote locations or working in isolation A procedure is developed, and in place for regular contact with people working remotely or in isolation, the procedure should identify: <ul style="list-style-type: none"> Travel itineraries, locations, scheduled contact persons and times Sufficient supplies of water, food, fuel & supplies needed An emergency response Appropriate vehicles Safety equipment including first aid Develop and implement a communication protocol: <ul style="list-style-type: none"> Mobile phones/radios to be kept on the guard at all times Mobile phones/radios to be kept switched on 	Supervisor

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JOB TASK	HAZARDS	RISK	CONTROL MEASURES	RESPONSIBLE PERSON	
10. HRCW On completion	Working alone	4A	<ul style="list-style-type: none"> Follow communication protocols Report all incidents using forms provided. 	Supervisor to confirm all workers have signed out Guards to comply with controls	
	Security breach	3H	<ul style="list-style-type: none"> All personnel sign-out on Site Register. 		
	Vehicle/people impact	4A	<ul style="list-style-type: none"> Stay to designated access and egress routes Maintain awareness of surroundings at all times. 		
11. Emergency response	<ul style="list-style-type: none"> Injury Fatality Environmental damage 	4A	<ul style="list-style-type: none"> For police, fire or ambulance call '000.' 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. 	<ul style="list-style-type: none"> Refer to your SWMS implementing instructions for further specific emergency responses. 	Supervisors and Guards ensure controls followed

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 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"/> 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 (add as applicable)			DATE	SIGNATURE
		TYPE / DESCRIPTION	CLASS	NUMBER		
		Construction Card				