

SAFE WORK METHOD STATEMENT (SWMS) PART 1			
ACTIVITY: <i>(enter activity)</i>			JOB #:
BUSINESS NAME:			ABN:
BUSINESS ADDRESS:			
BUSINESS CONTACT:			PHONE #:
SWMS APPROVED BY: EMPLOYER / PCBU / DIRECTOR / OWNER.			
NAME:			
SIGNATURE:			DATE:
PERSON/S RESPONSIBLE FOR ENSURING COMPLIANCE WITH SWMS:			
PERSON/S RESPONSIBLE FOR REVIEWING THE SWMS:			
RELEVANT WORKERS CONSULTED IN THE DEVELOPMENT, APPROVAL AND COMMUNICATION OF THIS SWMS.			ALL PERSONS INVOLVED IN THE TASK MUST HAVE THIS SWMS COMMUNICATED TO THEM BEFORE WORK COMMENCES.
NAME	SIGNATURE	DATE	Daily Tool Box Talks will be undertaken to identify, control and communicate additional site hazards. Work must cease immediately if incident or near miss occurs. SWMS must be amended in consultation with relevant persons. Amendments must be approved by _____ and communicated to all affected workers before work resumes. SWMS must be made available for inspection or review as required by WHS legislation. Record of SWMS must be kept as required by WHS legislation (until job is complete or for 2 years if involved in a notifiable incident).
PRINCIPAL CONTRACTOR DETAILS <i>(The builder or the organisation you are working for.)</i>			
PRINCIPAL CONTRACTOR (PC):		PROJECT NAME:	DATE SWMS PROVIDED TO PC:
PROJECT ADDRESS:			
PROJECT MANAGER (PM):		PM SIGNATURE:	CONTACT PH. #:
SWMS SCOPE: This SWMS is for use by relevant workers engaged in work activities in Isolation or Remote areas, or who work alone in a workplace. Tasks carried out at a remote worksite, or general workplace shall require a SWMS specific to that work. Remote Locations: Locations that are, outside the metropolitan area and not in close proximity to emergency or support services. Remote Worker: Relevant worker(s)/employee(s) undertaking work at remote locations.			

Important Note: A worker who is isolated at a workplace by factors such as working at night or working unsupervised whether or not in a remote location are at high risk and should be included in "Remote/Isolated Worker" risk assessments and SWMS. For example: a contract cleaner who cleans offices/factories etc. after hours, a farm worker, a shop assistant who works alone in a shop, a community worker who undertakes home visits etc.

LIKELIHOOD	INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC	SCORE	ACTION	HIERARCHY OF CONTROLS	MOST EFFECTIVE
ALMOST CERTAIN	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4 ACUTE			ELIMINATION	
LIKELY	2 MODERATE	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4A ACUTE	DO NOT PROCEED.	SUBSTITUTION	
POSSIBLE	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	4 ACUTE	3H HIGH	Review before commencing work.	ISOLATION	
UNLIKELY	1 LOW	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	2M MODERATE	Maintain control measures.	ENGINEERING	
RARE	1 LOW	1 LOW	2 MODERATE	3 HIGH	3 HIGH	1L LOW	Record and monitor.	AD	
								MIN	
								PPE	LEAST EFFECTIVE

JOB STEP	POTENTIAL HAZARD/S	IR	CONTROL MEASURES TO REDUCE RISK	RR	RESPONSIBLE PERSON
<i>INHERENT RISK-RATING (IR) RESIDUAL RISK-RATING (RR)</i>					
1. Planning & preparation	Lack of consultation may lead to potential outcomes for personal injury, property damage &/or environmental incident.	3H	<ul style="list-style-type: none"> Liaise with Principal Contractor to establish the following on-site systems and procedures are in place and take note of: <ul style="list-style-type: none"> Health and Safety rules Induction for all workers – site specific and toolbox meetings Supervisory arrangements Workers are appraised for required competencies & for any pre-existing medical conditions if working in remote or isolated locations Communication arrangements PPE required Site plans Traffic Management Plan (TMP) Exclusion Zones Risk Assessments, SWMS & JSA's Injury reporting procedures Hazard reporting procedures. 	2M	
	Remote area emergency	4A	<ul style="list-style-type: none"> Prepare a Remote / Isolated Work Plan (<i>supplied in this SWMS</i>). A signed copy must be taken by workers to the Remote/Isolated workplace each day and a copy must be kept by the Responsible Supervisor at home base and/or head office All relevant workers scheduled to work in the remote area are supplied with Personal Location Beacons (PLB) All vehicles used to transport crew to remote locations are carrying Emergency Position Indicating Radio Beacon (EPIRB) on board vehicle: <ul style="list-style-type: none"> Cabin roof is clearly marked with a specific identification number (for Helicopter Id.) Complete a Departure Checklist (<i>supplied in this SWMS</i>). 	2M	

JOB STEP	POTENTIAL HAZARD/S	IR	CONTROL MEASURES TO REDUCE RISK	RR	RESPONSIBLE PERSON	
<i>INHERENT RISK-RATING (IR) RESIDUAL RISK-RATING (RR)</i>						
	Environmental conditions	3H	<ul style="list-style-type: none"> • Cold: <ul style="list-style-type: none"> ○ Ensure workers to have adequate warm drinks ○ Access to warm shelter during breaks • Heat: <ul style="list-style-type: none"> ○ Sun brim on hard hat ○ Safety glasses - UV Rated ○ Use 30+ sunscreen on exposed skin areas 	<ul style="list-style-type: none"> • Appropriate protective clothing • Wear hand protection • Wear non-slip footwear (slippery surfaces etc.) • Adequate breaks • Check weather conditions – do not work in extreme conditions 	2M	
	Working powered mobile plant and equipment	3H	<ul style="list-style-type: none"> • Ensure all mobile machinery and plant is provided with: <ul style="list-style-type: none"> ○ Manufacturers operating instructions ○ Daily inspection checklist ○ Log book ○ All hand tools are free of damage maintained ○ Work crew are carrying spare PPE 	<ul style="list-style-type: none"> ○ All powered equipment e.g. chain saws, slashers, pruning tools etc. are correctly guarded and operated by competent workers. 	2M	
2. Training and Capabilities	Lack of training or the assessment of capability may lead to personal injury, property damage &/or environmental incident.	3H	<ul style="list-style-type: none"> • All workers/employees scheduled to work in the remote area and/or working in isolation/alone are: <ul style="list-style-type: none"> ○ Clear instructions on the emergency procedures for remote area work ○ Are familiar with the location and use of all emergency equipment ○ Understand the seriousness of maintaining communication with the nominated communication person at “base” • Competency based training; workers/employees undertaking remote or isolated work are to be trained in the management of the associated risks including the procedures adopted for: <ul style="list-style-type: none"> ○ Managing remote site conditions ○ Emergency response ○ Regular/emergency communications ○ Vehicle breakdown & incapacitation ○ Undertaking specific isolated tasks ○ The operation of plant and equipment associated with the task, including safety & communication devices ○ Coping with the onset of extreme temperatures and inclement weather ○ Safe driving - on & off road where applicable ○ First aid, including dealing with injuries & bites from insects, reptiles etc. ○ Conflict resolution, personal risk management where applicable <p>⚠ <i>Refresher Training shall be undertaken at least once every 2 years.</i></p> <p>⚠ Check workers are in fit condition to work i.e. no signs of fatigue, alcohol or drugs.</p>		2M	

JOB STEP	POTENTIAL HAZARD/S	IR	CONTROL MEASURES TO REDUCE RISK	RR	RESPONSIBLE PERSON
	Emergency	4A	<p><i>INHERENT RISK-RATING (IR) RESIDUAL RISK-RATING (RR)</i></p> <p>⚠ FOLLOW EMERGENCY RESPONSE PROTOCOLS</p> <p>CALL 000 IMMEDIATELY (If mobile phone out of range use 112)</p> <ul style="list-style-type: none"> • If contact cannot be made by 2-way radio or phone and there is a grave and imminent danger to life situation, then the EPIRB should be deployed by the person at the remote location. When activated it will emit continuously a distinctive radio signal for up to 4 days on the international distress frequencies. The EPIRB must remain activated until rescue has been completed • Nominated contact person must ensure speedy notification of emergency services in the event of: <ul style="list-style-type: none"> ○ EPIRB or a Personal Location Beacon (PLB) being activated ○ Call for assistance from the remote area worker/crew. 	2M	

REMOTE / ISOLATED WORK PLAN

Project Name:

Location:

Date/s of work covered by this plan:

Names & Contact Details of HSR/s:

Names & Contact Details of Remote/Isolation Workers:

Worker/s consultation, including Risk Assessment; Date of Consultation:

Worker signatures:

Plan Approved by (Responsible Supervisor name):

Signature:

Approval Date:

1. Description of Remote/Isolation Works: *e.g. a work crew performing a group task at a remote outback area; or a cleaner working alone at night.*

5. Select the following items required for remote/isolated activity:

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Drinking water | <input type="checkbox"/> Utility knife | <input type="checkbox"/> Batteries | <input type="checkbox"/> Rope /Chains | <input type="checkbox"/> Satellite phone |
| <input type="checkbox"/> GPS | <input type="checkbox"/> Matches | <input type="checkbox"/> Car tool kit | <input type="checkbox"/> Other recovery equipment | <input type="checkbox"/> Extra fuel |
| <input type="checkbox"/> Buddy System | <input type="checkbox"/> Compass | <input type="checkbox"/> Car parts (filters, oils etc.) | <input type="checkbox"/> Wet weather gear | <input type="checkbox"/> Fire extinguisher |
| <input type="checkbox"/> First Aid Kit | <input type="checkbox"/> Area guides | <input type="checkbox"/> Spare fuses | <input type="checkbox"/> Personal Locating Beacon | <input type="checkbox"/> Food |
| <input type="checkbox"/> Hat (broad brim) | <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Spare tyre | <input type="checkbox"/> Mobile phone | <input type="checkbox"/> Shelter equipment |
| <input type="checkbox"/> Insect Repellent | <input type="checkbox"/> Torch | <input type="checkbox"/> D shackle snatch block | <input type="checkbox"/> Car-mounted radio | <input type="checkbox"/> <i>Add others as required</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. List relevant Emergency Contact information (including nearest medical facility / hospital, nearest Emergency Responders etc.)

Name of Provider	Address	Distance from work area (km and minutes)	Map Reference	Contact Numbers

COMMUNICATION LOG

Name of Direct Supervisor:		Address of workplace:			
Map reference:		Type of communication equipment:			
Expected Task Duration:		Expected Time of Arrival:		Indicate start/finish times:	
Vehicle Registration Number:		Vehicle Identification Number/s:			
Vehicle Make / Model / Colour:					
Contact information (numbers/ frequency etc.)					
Agreed Call-in times for Worker to Contact Direct Supervisor					

SAFE WORK METHOD STATEMENT (SWMS) PART 2

This SWMS has been developed in consultation and cooperation with *employee/workers* and relevant *Employer/Persons Conducting Business or Undertaking (PCBU)*. 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.

OVERALL RISK RATING AFTER CONTROLS

1 Low

2 MODERATE

3 High

4 ACUTE

WORKERS' NAME	JOB ROLE / POSITION	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				
		Construction Card				
		Construction Card				
		Construction Card				

SAMPLE