

SAFE WORKING METHOD STATEMENT (SWMS)

MASTER PAINTERS ASSOCIATION NSW Inc		This SWMS has been reviewed and approved by:	
NAME:		POSITION:	
SIGNATURE:		DATE:	
LOCATION:		SWMS NUMBER:	

(Task information)

SITE LOCATION		DATE		SUPERVISOR OF TASK	
DESCRIPTION OF TASK & WORK ORDER NUMBER					
TRADES INVOLVED IN WORK ACTIVITY					

(Contractor information for SWMS prepared by contractors: Note: Contractors to complete all sections of this SWMS)

COMPANY NAME		COMPANY REPRESENTATIVE	
COMPANY CONTACT (Reports)		CONTACT PHONE NUMBER	
COMPANY ADDRESS		CONTACT FAX NUMBER	
CURRENT PUBLIC LIABILITY		SIGHTED BY (Initial)	
CURRENT WORKERS COMPENSATION		SIGHTED BY (Initial)	

List plant, equipment and tools to be used	(Tick)	List hazardous substances to be used or handled	Is MSDS available? (Tick)	List PPE to be used	(Tick)	List hazards to consider	(Tick)
(e.g.) Electric generator		(e.g.) Unleaded petrol		Hard Hat		Fall from ladder	
Hand tools				Safety Boots		Fall from heights	
Paint Brushes				High visibility clothing		Fall from scaffolding	
Paint Rollers				Gloves		Contact with electricity	
Ladders				Hearing protection		Falling objects	
EWPs				Safety Glasses		Collapse	
Safety Knife				UV cream		Slip, trips and falls	
Padlocks (isolation)				Dust masks		Manual handling	
Paint Solvents				30+ sunscreen		Exposure to noise	
Scaffolding				Other (specify)		Struck by moving plant	
Planks						Inhalation of dust or fumes	
Chemicals						Cuts	
Other (specify)						Asbestos	
						Lead paint	
						Other - (specify)	

How to complete the following form:

- List the step-by-step sequence of tasks required to carry out a work activity from start to finish
- List the potential hazards associated with each step, and the related OHS risks.
- Using the risk table, rate the identified risks.
- List what controls you will implement to reduce the risks to the lowest possible level.
- Rate the level of risk once those controls have been implemented (must not be high risk activity)

SF03 – Safe Work Method Statement

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RISK ASSESSMENT MATRIX AND GUIDELINES

This involves firstly assigning a Consequence, Likelihood Rank as defined below to each risk. The Risk Score can then be calculated or extracted from the Risk Score Matrix: see below: Risk Management Procedure - Table 1.

$$\text{Risk Score} = \text{Consequence} \times \text{Exposure} \times \text{Probability}$$

RISK ASSESSMENT RECKONER

WHS RISK ASSESSMENT RECKONER	LIKELIHOOD HOW LIKELY IS IT TO HAPPEN AND HOW OFTEN?			
Consequences How bad is it like to be?	Very Likely Could happen at anytime	Likely Could happen some time	Unlikely could happen but rare	Very Unlikely Could happen but probably never will
Extreme - kill or cause permanent disability or ill health K	1	1	2	3
Major - long- term illness or serious injury S	1	2	3	4
Moderate - medical attention and several days off work M	2	3	4	5
Minor - first aid needed F	3	4	5	6

Risk Rating

RISK RATING	
1	High Risk : Immediate action is required
2	Significant Risk: Important to do something about this hazard as soon as possible
3 - 4	Medium Risk: Risk control measures are required
5 - 6	Low Risk: Manage by routine procedures

ITEMS REQUIRED FOR THIS WORK ACTIVITY

QUALIFICATIONS:	JOBSAFE HAZARD REFERENCE NUMBERS:
TRAINING:	

CODES OF PRACTICE OR AS/NZS STANDARDS TO BE COMPLIED WITH: FOR EXAMPLE BUT NOT LIMITED TO;		PLEASE LIST ALL APPLICABLE SITE SOPs TO BE USED IN THIS <u>SWMS</u>
<input type="checkbox"/>	A/S 3000 Wiring rules	
<input type="checkbox"/>	A/S 3007 Electrical installations	
<input type="checkbox"/>	A/S 2865:2001 Safe working in confined space	
<input type="checkbox"/>	A/S 4360 Risk management	
<input type="checkbox"/>	A/S 1891 Industrial fall arrest systems & devices	
<input type="checkbox"/>	A/S 3775 Chain slings T grade care and use	
<input type="checkbox"/>	A/S 1418 Cranes, hoists & winches	
<input type="checkbox"/>	A/S 1657 Platforms & walkways	
<input type="checkbox"/>	A/S 4024 Safeguarding of machinery	
<input type="checkbox"/>	Other	

REVIEW RISK CONTROLS

1	Will the control measure introduce a new hazard? If NO, continue. If YES, undertake the risk assessment process again.	YES / NO
2	Will this task impact on any other task or area of operation on the site? If YES, undertake the risk assessment process again.	YES / NO
3	Is the revised control measure effective? If YES, continue. If NO, identify additional and more effective control measures.	YES / NO

To be completed by Site Manager after consultation with site Safety Representatives / relevant employees, once risks have been controlled.

Has monitoring shown the controls implemented to be effective? If YES, continue. If NO, identify additional control measures.

YES / NO

Sign off by Site Manager and Safety Representatives / relevant employees to confirm controls have been implemented and reviewed

Position	Name	Signature	Date
Quarry Production Manager			
Task Supervisor			
OH&S Representative			

