# Safe work method statements

1. **AIM:** The aim of this program is to establish a systematic format that will be used when tasks require the development of a safe work method statement (SWMS) and or the use of an informal risk assessment. The development of safe work method statements will enable all people on site to carry out jobs in the same, safe, efficient manner and informal risk assessments will be used to manage change when activities vary from the agreed SWMS. SWMS will be developed by identifying the hazards, assessing the risks, documenting and implementing the controls and providing supervision to ensure people comply with the procedures.
2. **WHAT:** We intend to develop SWMS for the following activities.

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| Activities on site requiring a SWMS | H/M/L | SWMS number |
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Note: SWMS should be developed for all routine tasks conducted where the risk for the task is found to be high or medium.

**Informal risk assessments**

When an activity is being performed and the worker establishes that the activity has changed or that the workplace differs from what is covered in the SWMS, the worker will be required to complete an informal risk assessment using Form 8D. The informal risk assessment can also be used when commencing a new task to establish whether a full SWMS is required.

If the controls implemented via the informal risk assessment cannot control the hazards adequately then the worker’s supervisor will be consulted for further action.

1. **WHO:** The person nominated to organise the development of SWMS is:

This person will request people who are involved in the task to assist in the preparation of the SWMS. Wherever possible at least two people will be involved in the development process.

1. **HOW:** We have chosen to use the format in Form 8A to complete our SWMS. This format combines the process of identifying hazards, assessing risk and implementing controls, into one document.

After a task has been selected for a SWMS, the person responsible for organising the group will obtain a copy of Form 8A and will assemble the team at the place of the task. Once all steps have been identified, the process of highlighting hazards will be completed, with an assessment of risk noted. In each case a control method will be chosen, remembering that we will always attempt to apply the hierarchy of controls.

The person nominated to be responsible for documenting the SWMS and ensuring it is included in the training program and discussed at the next site safety meeting is:

Where an activity is classified as ‘hot work’, ‘working at height’ or a ‘confined space entry’ (Form 8B) will be used in addition to any existing SWMS. This form outlines key controls that must be in place before a task is undertaken.

When using permits a supervisor must sign off confirming that all controls are in place.

1. **WHEN:** SWMS will be developed as a method to control risks associated with hazards found at the mine. We will also continue to develop SWMS at a rate of \_\_\_\_\_\_\_\_\_\_ per month, until we have covered all high and medium risk activities at the mine.
2. **ACTION:** Where the process of developing a SWMS highlights a hazard that is high or medium and cannot be immediately controlled it will be recorded in the daily diary or action plan for completion.
3. **DOCUMENT CONTROL:** All SWMS will be filed in the SWMS register located:

This register will be readily available to the workforce and will include an index at the front.

All informal risk assessments will be provided to the manager at the end of the shift for review and to confirm that the document has been used correctly.

Informal risk assessments will be kept on site for \_\_\_\_\_\_\_\_\_\_\_\_\_ months before being disposed of.

# Form 8A - Safe work method statement

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| **Mine name:** | **Signed off:** |
| **Project/task/job:** | **Date:** |
| **SWMS ID:** | **Accepted:** |

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| **Step** | **Procedure (in steps)** | **Hazards** | **Risk ranking** | **Controls** |
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| **Personal qualification & experience** | **Personnel, duties & responsibilities** | | **Training required to complete work** |
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| **Engineering details / certificates / approvals** | | **Codes of practice, legislation** | |
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| **Plant / equipment** | | **Maintenance checks** | |
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| **Read and signed by persons using this SWMS** | | | |
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| **Name and competencies of the person (team leader) who conducted this SWMS** | | | |
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# Form 8B – High risk permits

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| **Permit #:** | | **Date:** | | **Completed by:** | |
| **Type (please tick)** | Hot work | | Working at height | | Confined space |
| **Task being performed (describe):** | | | | | |
| **Period of permit** | | | | | |
| **Date:** | | **Start time:** | | **End time:** | |
| **Does a SWMS already exist?** | | Yes (review and proceed by answering related questions | | No | |

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| **Task assessment** | **Yes** | **No** |
| Has a risk assessment been completed for the specific task? Risk Rating (H/M/L) |  |  |
| Did the risk assessment highlight a need for a safe work method statement?  (If a SWMS already exists please reference that document and complete the relevant section of this form, if not a SWMS should be developed) |  |  |
| Have all persons that will be affected by this work been notified? |  |  |
| Are you required to isolate before starting? |  |  |

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| **Permit approved by supervisor** | |
| Signed: | Date: |

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| **Hot work (includes welding, cutting & grinding outside designated hot work areas, excluding open areas in plant away from combustible materials)** | **Yes** | **No** |
| Does a fire ban apply to the location? (You may need to consult the local fire brigade)  Fire rating for the day is: |  |  |
| Is suitable firefighting equipment available where the task is being performed?  (Please list) |  |  |
| Are flammable and combustible items removed before commencing?  Distance between flammable/combustible items and hot work activities: |  |  |
| Do you need to wet down combustible areas before commencing hot works?  Name of person to complete this task: |  |  |
| Do you need to purge or ventilate for flammable liquids or vapours? |  |  |
| Do you need a welding screen or welding blanket to complete the task?  (Please list) |  |  |
| Do you need to barricade or sign post the area before commencing?  (Please list) |  |  |
| What PPE is required to perform the task?  (Please list) |  |  |
| Does the work area need to be hosed down after the task?  Name of person to complete this task: |  |  |
| Do you need to monitor the area after the task has been completed?  Name of person to complete this task: |  |  |

**Notes:**

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| **Working at height (access or work at height, above 2m or greater, that is not a normal**  **place of work)** | **Yes** | **No** |
| Are warning signs and barricades required to restrict unauthorised access?  (Please list) |  |  |
| Is an elevated work platform (EWP) required to complete the task?  Please note: some EWPs require licences to operate. |  |  |
| Is scaffolding required to complete the task?  Please note: scaffolding must be erected/dismantled by certified scaffolders to Australian standards. |  |  |
| Is fall prevention equipment required for the task (e.g; harness & lanyards)?  You must consider adequate anchorage points, potential loadings and inspection checks. |  |  |
| Are people able to attach and disconnect to the system without a risk of falling? |  |  |
| Have you established safe access and egress to the work area? |  |  |
| Have you considered falling objects and restricted areas?  Restricted area (metres radius) of working at height activities: |  |  |
| What PPE is required to perform the task?  (Please list) |  |  |
| Have you considered an emergency response plan for recovering a worker who  may have fallen?  Please note: hang syndrome can have fatal consequences within minutes. |  |  |

**Notes:**

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| **Confined space (an enclosed or partially enclosed space that is not intended or designed primarily as a place of work. It may also have an atmosphere which is harmful or have restricted entry or exit)** | **Yes** | **No** |
| Is there restricted entry or exit to the work area? |  |  |
| Are you required to conduct pre-entry atmospheric testing?  (Please list who, what is required and limits) |  |  |
| Are you required to conduct continuous atmospheric testing during the task?  (Please list who, what is required and limits) |  |  |
| Have you designated a standby person in constant communication for the task?  (Please list who and what they are required to do) |  |  |
| Have you got retrieval/rescue equipment at the confined space location?  (Please list what equipment and who will be responsible) |  |  |
| Does the task require other high risk permits to be completed?  (Is the work being conducted outside or at height?) |  |  |
| During the task, can you be affected by noise, chemicals/gases/fumes, vibration,  flooding, thermal extremes or radiation?  (Please indicate which and address in risk assessment) |  |  |
| Will the task require manual handling?  Please note: many confined spaces have restricted workspace available. |  |  |
| Have you identified where you must isolate before starting?  (Please list who will be responsible for isolating the work area) |  |  |
| What PPE is required to perform the task?  (Please list) |  |  |

**Notes:**

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# Form 8C – High risk permit register

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| **Permit number** | **Date** | **Type** | **Activity/Description** | **Approver** |
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# Form 8D – Informal risk assessment

The pages shown below can be printed to fit in a pocket note book.



