

INTEGRATED RISK MANAGEMENT SYSTEM (IRMS) SAFE WORK METHOD STATEMENT

Company	Cessnock City Council	Address	62 -78 Vincent Street Cessnock 2325	ABN	60 919 148 928
Work activity description				SWMS No.	
This is a generic SWMS and any site specific hazards must be assessed and added to this SWMS prior to commencement of the activity, dated and signed off at the end of the SWMS.					
Business Unit				Revision No.	
Person responsible for ensuring compliance with SWMS					
Name of workers consulted in the development of the SWMS	Name and position				
	Date				
Endorsed by	Name and position				
	Signature		Date		
Note: revision date is 3 years from endorsed date unless a serious incident occurs in which case the SWMS is reviewed immediately.					
Next revision date					
High Risk Construction Work	<input type="checkbox"/> Risk of a person falling more than 2 metres (<i>note: in some jurisdictions this is 3 metres</i>)	<input type="checkbox"/> Work on a telecommunication tower	<input type="checkbox"/> Demolition of load-bearing structure		
	<input type="checkbox"/> Likely to involve disturbing asbestos	<input type="checkbox"/> Temporary load-bearing support for structural alterations or repairs	<input type="checkbox"/> Work in or near a confined space		
	<input type="checkbox"/> Work in or near a shaft or trench deeper than 1.5 m or a tunnel	<input type="checkbox"/> Use of explosives	<input type="checkbox"/> Work on or near pressurised gas mains or piping		
	<input type="checkbox"/> Work on or near chemical, fuel or refrigerant lines	<input type="checkbox"/> Work on or near energised electrical installations or services	<input type="checkbox"/> Work in an area that may have a contaminated or flammable atmosphere		
	<input type="checkbox"/> Tilt-up or precast concrete elements	<input type="checkbox"/> Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians	<input type="checkbox"/> Work in an area with movement of powered mobile plant		

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<input type="checkbox"/> Work in areas with artificial extremes of temperature	<input type="checkbox"/> Work in or near water or other liquid that involves a risk of drowning	<input type="checkbox"/> Diving work														
SWMS will be reviewed: <ul style="list-style-type: none"> When the task/ activity relates to a site specific project; When a significant change to the task/ activity is identified; if an incident occurs or a hazard is identified relating to the activity; periodically as per Council's policies and procedures 																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Mandatory PPE below for required PPE)</td> <td style="width: 60%; text-align: center;">Site and Task Specific Personal Protective Equipment Required (Check boxes)</td> </tr> <tr> <td style="text-align: center;"> Council Uniform <input checked="" type="checkbox"/> </td> <td style="text-align: center;"> <input checked="" type="checkbox"/> </td> </tr> <tr> <td style="text-align: center;"> <input checked="" type="checkbox"/> </td> <td style="text-align: center;"> <input checked="" type="checkbox"/> </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> </td> <td style="text-align: center;"> <input type="checkbox"/> </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> </td> <td style="text-align: center;"> Night Work <input type="checkbox"/> </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> </td> <td style="text-align: center;"> <input type="checkbox"/> </td> </tr> <tr> <td colspan="2" style="text-align: right;">Additional site specific PPE:</td> </tr> </table>			Mandatory PPE below for required PPE)	Site and Task Specific Personal Protective Equipment Required (Check boxes)	 Council Uniform <input checked="" type="checkbox"/>	 <input checked="" type="checkbox"/>	 <input checked="" type="checkbox"/>	 <input checked="" type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 Night Work <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	Additional site specific PPE:	
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 <input type="checkbox"/>	 <input type="checkbox"/>															
Additional site specific PPE:																
Safety Data Sheets relating to this activity PPE and First Aid as per SDS	Location of SDS sheets	Qualifications/ competencies / licences required for this task	Permits required													
Plant/ Equipment required		Plant/ equipment inspection and maintenance checks	As per manufacturers specifications													
Emergency Response (Please select one)	<input checked="" type="checkbox"/> As per Council's site emergency evacuation plans <input type="checkbox"/> Projects															
Legislation & Standards	Code of Practice		Other													
Work Health and Safety Act 2011 Work Health and Safety Regulation 2017 Workers Compensation Act 1987	Code of Practice – Work health and Safety Consultation Cooperation and Coordination															

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<p>Local Government Act 1993 Workplace Injury Management and Workers Compensation Act 1998 AS 1885.1.1990 National Standard for Workplace Injury and Disease Recording</p> <p>AS/NZS 4602.1:2011 High visibility safety garments – Garments for high risk applications AS/NZS 1337.1:2010 Personal eye protection – Eye and face protectors for occupational applications AS/NZS 2210.1:2010 Safety, protective and occupational footwear – Guide to selection, care and use AS/NZS 4399:1996 Sun protective clothing – Evaluation and classification ISO 45001:2018 – Occupational Health and Safety Management Systems – Requirements with Guidance for Use</p>	<p>Code of Practice – How to Manage Work Health and Safety Risks Code of Practice – Hazardous Manual Tasks Code of Practice – First Aid in the Workplace</p>	
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Control levels

1. **Eliminate** any risk to health or safety associated with activities / work.
2. **Reduce** the risk to health or safety by any one or any combination of the following:
 - i. **Substituting** a new activity, procedure, plant, process or substance
 - ii. **Isolating** persons from the hazard, such as barricading, fencing or guard railing, or
 - iii. **Using engineering controls**, such as mechanical or electrical devices.
3. Identify and use administrative controls, such as changing the way the work is done.
4. Use appropriate personal protective equipment.
5. Brief each team member on this SWMS before commencing work. Ensure team knows that work is to immediately stop if the SWMS is not being followed.
6. Observe work being carried out. If controls are not adequate, stop the work, review the SWMS, adjust as required and re-brief the team.
7. Retain this SWMS in TRIM and amend as required.

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#	Task (Basic steps in logical sequence – what is to be done – not how)	Potential Hazards	Initial Risk	Controls (Controls must be established using the Hierarchy of Controls)	Residual Risk	Responsibility
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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Records Management

Upon completion of this SWMS, this document is to be retained as a record in TRIM

The TRIM document name must be: **DIRECTORATE_SWMS_ACTIVITY_DDMMYYYY_XXX** – where XXX is the sequential number of SWMS's from YOUR work section.

Amendments (Note: minor amendments may be made without authorisation. All amendments resulting from a change in the legislation, regulations, codes of practice etc. must be reviewed by the integrated risk management team and authorised by the relevant manager)

Amendment	Amendment Source	Date

SIGN OFF: (Note: Staff and contractors working under this SWMS must sign to say they have read and understand its contents. I agree to comply with the safety requirements within this SWMS including safe work instructions and personal protective equipment described).

Name	Signature	Date

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1. Risk Matrix

CONSEQUENCE						
LIKELIHOOD How likely it is that something could occur.		INSIGNIFICANT	MINOR	MODERATE	MAJOR	SEVERE
		LIKELIHOOD	ALMOST CERTAIN Is expected to occur in most circumstances (90% or greater chance that this will occur)	MEDIUM	HIGH	EXTREME
LIKELY Will probably occur in most circumstances (50% to 90% chance that this will happen)	MEDIUM		MEDIUM	HIGH	EXTREME	EXTREME
POSSIBLE Might occur at some time (20% to 50% chance that this will happen)	LOW		MEDIUM	MEDIUM	HIGH	EXTREME
UNLIKELY Could occur at some time (1% to 20% chance that this will happen)	LOW		LOW	MEDIUM	MEDIUM	HIGH
RARE May occur in exceptional circumstances (1% or less chance that this will happen)	LOW		LOW	LOW	MEDIUM	HIGH