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| **Safe Work Method Statement** |
| <Enter what the SWMS is for> |

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| **Process:** Authors of Safe Work Method Statements (SWMS) are responsible for consulting all workers involved in performing the work for their input. Other persons may be consulted for technical advice and review of the SWMS to see proposed measures are effective and workable. **All involved in the task must review and sign this SWMS form.** | Principal Contractor: <Organisation Name> | ABN: <ABN> | **Version No. 01** |
| Project name and/or location: <Event Name> |
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| Site Supervisor: <Site Manager Name>  | Contact: <Phone Number> |
| Prepared by: <Name> | Signature:  | Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | Review due: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| **High Risk Activity** | * Work carried out on or adjacent to a road
 | * Work carried out near energised electrical installations or services
 | * Risk of a person falling >2m
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| * Work carried out where there is movement of mobile plant
 | * Other:
 | * Not Applicable
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| **Legislation and Codes of Practice applicable to the activity** | **Mandatory PPE (Select as required)** |
| **Legislation**NT Work Health & Safety (National Uniform Legislation) Act and Regulations Dangerous Goods Act and Regulations<https://legislation.nt.gov.au/> **Codes of Practice**Managing Noise and Preventing Hearing Loss at WorkManaging the Risks of Plant in the WorkplaceManaging the Risk of Falls in the WorkplaceConstruction Work | [First Aid in the Workplace](http://www.safeworkaustralia.gov.au/sites/swa/about/publications/pages/first-aid-in-the-workplace)Managing Electrical Risks in the WorkplaceHow to Manage Work Health and Safety Risks[Managing Risks of Hazardous Chemicals in the Workplace](http://www.safeworkaustralia.gov.au/sites/swa/about/publications/pages/managing-risks-of-hazardous-chemicals-in-the-workplace)Work Health and Safety Consultation, Co-operation and Co-ordinationManaging the Work Environment and FacilitiesInduction for Construction Work*AS 2359.2-2013: Powered Industrial Trucks – Operations* [*https://worksafe.nt.gov.au/forms-and-resources/codes-of-practice*](https://worksafe.nt.gov.au/forms-and-resources/codes-of-practice) | **Gloves** | **High Visibility** | **Head Protection** | **Foot protection** | **Eye protection** | **Hearing protection** | **Breathing protection** |
| http://www.store-safe.com/ProductImages/Safety%20Signs/Mandatory%20Signs/Mandatory%20Decals/PMd6.jpg | High Visibility Clothing copy 3 | sop_hat | sop_foot | sop_eyes | sop_hear | sop_breath |
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| **Safety Notes** |
| **Manual Handling** - Keep the natural curve in your back, bend your knees, lift with your legs, keep the load close, avoid twisting at your waist, face in the direction of travel, ensure clear path of travel. Do not lift any load that is awkward or above your capacity without assistance.**UV Protection** – Use Personal protective equipment (PPE), apply sunblock and take regular breaks**Heat Stress** – Ensure adequate drinking water is available and shade for rest areas. |
| **Mandatory training required to complete work** | **Tick any permits or service location required** | **Emergency preparedness:** |
| Construction Induction (NT White Card) or equivalentSite InductionSWMS Induction | * Dial Before You Dig
 | * Power - overhead
 | Site InductionFirst Aid Kits to be available on site and in vehicles and qualified First Aiders on siteParticipate in trial evacuation as required |
| * Water/Sewerage
 | * Power - underground
 |
| * Hot works
 | * Other:
 |
| * Locations
 | * NA:
 |
| **List key individuals & qualifications:** |
| NT Class Open C Drivers Licence (no L or P plate drivers - if operating on NT Roads) | Familiarisation training in regards to specific plant to be operated |
| High Risk Licence Forklift | Induction into this Safe Work Method Statement |
| Worksite Induction | General Safety Induction (Site) |
| White Card (if working within a construction zone/area) |  |

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| **Calculate Risk** | **CONSEQUENCE** |
| **LIKELIHOOD**(The likelihood of an occurrence) | **INSIGNIFICANT (5)****Damage** = Minimal-doesn’t require repair**Personnel** = No Injury**Environment** = Requires no remedial action | **MINOR (4)****Damage** = <$5000**Personnel** = First Aid Injury**Environment** = Localised minimal remedial action = <1 Day | **MODERATE (3)****Damage** = $5,000 <$50,000**Personnel** = MTI**Environment** = Localised serious remedial action = 1 Day <1 Month | **MAJOR (2)****Damage** = $50K <$1M**Personnel** = LTI \ Permanent Disability**Environment** = Major remedial action = <12Mths | **CATASTROPHIC (1)****Damage** =>$1,00,000**Personnel** = Fatality(s) **Environment** = Irreparable / long-term damage |
| **ALMOST CERTAIN (A)**Almost inevitable outcome and the event is expected to occur in most circumstances | 11 Medium | 16 Significant | 20 Significant | 23 High | 25 High |
| **LIKELY (B)**Not a certainty but there is a good chance the event will occur | 7 Medium | 12 Medium | 17 Significant | 21 Significant | 24 High |
| **POSSIBLE (C)**Could happen but it would be unusual for the event to occur | 4 Low | 8 Medium | 13 Medium | 18 Significant | 22 Significant |
| **UNLIKELY (D)**Conceivable but it would be unusual for the event to occur | 2 Low | 5 Low | 9 Medium | 14 Medium | 19 Significant |
| **RARE (E)**Little chance of occurrence but it is possible given the wrong circumstances | 1 Low | 3 Low | 6 Low | 10 Medium | 15 Significant |

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| **List plant and equipment to be used for work:** | **List plant, equipment and area safety inspections required:** |
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| Plant and Equipment Maintenance and Inspections Required | **Maintenance** |  |
| As per manufacturer’s specifications |  |
| Key Contacts and Phone Numbers: | Name: <Name> | Number: <Phone Number> | Name: <Name> | Number: <Phone Number> |

| **Task** | **Task** | **Potential Hazards** | **Inherent Risk** | **Controls****1. Eliminate 2. Substitute 3. Isolate 4. Engineer****5. Admin 6. PPE** | **Residual Risk** | **Responsible Officer** |
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| 1 | <Enter Tasks> |  |  |  |  |  |
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**If other hazards are identified on-site please fill in this task risk assessment**

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| **Task** | **Potential Hazard** | **Initial Hazard Score****(Prior To Control Measures)** | **Risk Control Measures****(Discuss At Toolbox Meeting)** | **Residual Hazard Score****(After Control Measures)** | **Person Responsible**  |
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**Sign below to acknowledge that you have read and understand the SWMS requirements**

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| **Name:** | **Signature:** | **Date:** | **Name:** | **Signature:** | **Date:** |
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