



**SAFE WORK METHOD STATEMENT (SWMS) PART 1**

ACTIVITY: Operating <i>(enter machine make / model)</i>			SWMS #: QSW10067		
BUSINESS NAME: ECOPLANT AUSTRALIA & SEEDDOWN PROFESSIONAL PLANTING			BUSINESS ACN #:638 321 847		
BUSINESS ADDRESS: 81-83 Campbell Street, Surry Hills. NSW 2010 16 Kings Place, Burnside. QLD 4560					
BUSINESS CONTACT: Claudia Harms			PHONE #: 0472 635 551		
<b>SWMS APPROVED BY: EMPLOYER / PCBU / DIRECTOR / OWNER.</b>					
NAME:					
SIGNATURE:			DATE:		
<b>PERSON/S RESPONSIBLE FOR ENSURING COMPLIANCE WITH SWMS:</b>					
<b>PERSON/S RESPONSIBLE FOR REVIEWING THE SWMS:</b>					
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	<p>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.</p> <p>Amendments must be approved by _____ and communicated to all affected workers before work resumes.</p> <p>SWMS must be made available for inspection or review as required by WHS legislation.</p> <p>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).</p>		
<b>PRINCIPAL CONTRACTOR DETAILS <i>(The builder or the organisation you are working for.)</i></b>					
PRINCIPAL CONTRACTOR (PC):		PROJECT NAME:	DATE SWMS PROVIDED TO PC:		
PROJECT ADDRESS:					
PROJECT MANAGER (PM):		PM SIGNATURE:	CONTACT PH. #:		
<b>SWMS SCOPE:</b> This SWMS covers general hazards associated with the operation of mobile plant associated with earthworks.					
This SWMS covers;	<ul style="list-style-type: none"> <li>• Skidsteer</li> <li>• Backhoe</li> </ul>	<ul style="list-style-type: none"> <li>• Excavator</li> <li>• Dozer</li> </ul>	<ul style="list-style-type: none"> <li>• Front end loader</li> <li>• Grader</li> </ul>	<ul style="list-style-type: none"> <li>• Scraper</li> <li>• Track loader-Drott.</li> </ul>	<ul style="list-style-type: none"> <li>• Tractor</li> </ul>

**THIS WORK ACTIVITY INVOLVES THE FOLLOWING "HIGH RISK CONSTRUCTION WORK"**

- Confined Spaces       Mobile Plant       Demolition       Asbestos
- Using explosives       Diving work       Artificial extremes of temperature       Tilt up or pre-cast concrete
- Pressurised gas distribution mains or piping chemical, fuel or refrigerant lines energised electrical installations or services
- Structures or buildings involving structural alterations or repairs that require temporary support to prevent collapse
- Involves a risk of a person falling more than 2m, including work on telecommunications towers
- Working at depths greater than 1.5 Metres, including tunnels or mines       Work in an area that may have a contaminated or flammable atmosphere
- Work carried out adjacent to a road, railway or shipping lane, traffic corridor       In or near water or other liquid that involves risk of drowning

LIKELIHOOD	INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC	SCORE	ACTION	<p style="text-align: center;"><b>HIERARCHY OF CONTROLS</b></p>
ALMOST CERTAIN	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4 ACUTE			
LIKELY	2 MODERATE	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4A ACUTE	<b>DO NOT PROCEED.</b>	
POSSIBLE	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	4 ACUTE	3H HIGH	Review before commencing work.	
UNLIKELY	1 LOW	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	2M MODERATE	Maintain control measures.	
RARE	1 LOW	1 LOW	2 MODERATE	3 HIGH	3 HIGH	1L LOW	Record and monitor.	

**PERSONAL PROTECTIVE EQUIPMENT (PPE): ENSURE ALL PPE MEETS RELEVANT AUSTRALIAN STANDARDS. INSPECT, AND REPLACE PPE AS NEEDED.**

FOOT PROTECTION	HEARING PROTECTION	HIGH VISIBILITY	HEAD PROTECTION	EYE PROTECTION	FACE PROTECTION	HAND PROTECTION	PROTECTIVE CLOTHING	BREATHING PROTECTION	SUN PROTECTION	FALL ARREST	
											Rings, watches, jewellery that may become entangled in machines must not be worn. Long and loose hair must be tied back.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

AS 1319-1994 SAFETY SIGNS FOR THE OCCUPATIONAL ENVIRONMENT REPRODUCED WITH PERMISSION FROM SAI GLOBAL UNDER LICENCE 1210-C062. STANDARDS MAY BE PURCHASED AT [HTTP://WWW.SAIGLOBAL.COM](http://www.saiglobal.com)

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	Personal injury, property damage &/or environmental incident.	3H	<ul style="list-style-type: none"> <li>• 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"> <li>○ Health and Safety rules</li> <li>○ Induction for all workers – site specific and toolbox meetings</li> <li>○ Supervisory arrangements</li> <li>○ Communication arrangements</li> <li>○ All relevant workers are appraised for required competencies &amp; for any pre-existing medical conditions if working in remote or isolated locations</li> </ul> </li> </ul>	2M	
	Working alone	4A	<ul style="list-style-type: none"> <li>• A 'Buddy' system is utilised for high-risk tasks undertaken in remote locations or working in isolation</li> <li>• A procedure is developed and in place for regular contact with people working remotely or in isolation, the procedure should identify:               <ul style="list-style-type: none"> <li>○ Travel itineraries, locations, scheduled contact persons and times</li> <li>○ Sufficient supplies of water, food, fuel &amp; supplies needed</li> <li>○ PPE required</li> <li>○ Site plans – showing no go zones for pedestrians</li> <li>○ Traffic Management Plan</li> <li>○ Exclusion Zones</li> <li>○ Risk Assessments</li> <li>○ SWMS and JSA's</li> <li>○ Injury reporting procedures</li> <li>○ Hazard reporting procedures.</li> <li>○ An emergency response</li> <li>○ Appropriate Vehicles</li> <li>○ Safety equipment including first aid.</li> </ul> </li> </ul>		
2. Training and Capabilities	Personal injury, property damage &/or environmental incident.	3H	<ul style="list-style-type: none"> <li>• Ensure all persons entering site have a General Construction Induction Card (white card)</li> <li>• Operator has appropriate licences for operation of the machine.</li> <li>• Ensure all relevant workers have undertaken training and/or received instruction in the use of control measures. Include:               <ul style="list-style-type: none"> <li>○ Reporting procedures for incidents</li> <li>○ Correct use of equipment including selecting, fitting, use, care of and maintenance</li> <li>○ Use of supervision where required (e.g. new starters or new equipment)</li> <li>○ Correct use of all equipment</li> <li>○ Ensure supervisors, foremen etc. are suitably experienced in the type work to be conducted</li> <li>○ All workers are trained in this SWMS.</li> </ul> </li> </ul>	2M	



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REVIEW #

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REVISION DATE: 25/11/202

3.	Arrival at site Powered mobile plant movement	3H	<ul style="list-style-type: none"> <li>• Follow traffic management plan requirements</li> <li>• Check constantly for changing hazards while working and monitor work position at all times</li>   <li>• Ensure:             <ul style="list-style-type: none"> <li>○ High visibility clothing worn at all times</li> <li>○ Do not stand behind reversing vehicles</li> <li>○ Allow sufficient distance from plant during operation (allow sufficient room for equipment failure – such as arm/boom failure or plant rollover)</li> <li>○ Do not enter established “no go zones” for pedestrians</li> <li>○ Alertness at all times. Listen for:                 <ul style="list-style-type: none"> <li>▪ Reversing alarms/beepers</li> <li>▪ Calls from Plant Operators</li> </ul> </li> <li>○ Safety/warning signs, Spotters, traffic barriers etc. must be obeyed as required</li> <li>○ Work positions should be in clear sight of other plant operators</li> </ul> </li> <li>• <i>NOTE: Some traffic management plans may say that pedestrians have right-of-way. Never assume this. Make visual and verbal contact with plant operator as required.</i></li> </ul>	2M
	Personal injury, property damage &/or environmental incident.	3H	<ul style="list-style-type: none"> <li>• Ensure site-specific induction is undertaken (include location of amenities, first aid facilities, emergency plans and evacuation points, incident reporting, communication, contact persons etc.)</li> <li>• Assess mobile phone reception’ (alternative emergency communications procedures in place if no reception available)</li> <li>• Work site is exactly as detailed in Terms of Agreement or contract</li> <li>• Suitable weather conditions, do not work outside in low visibility, heavy rain, high winds etc.</li> <li>• Suitable access for all equipment required</li> <li>• Suitable ground / track conditions for operation of equipment</li> <li>• Suitable lighting, including night-works (include flood lighting and operator head lamps as applicable)</li> <li>• Power lines in close proximity</li> <li>• Take note of other mobile plant movement.</li> </ul>	2M

- |                    |    |  |   |    |
|--------------------|----|--|---|----|
| Cold / heat stress | 3H | <ul style="list-style-type: none"><li>• Appropriate protective clothing</li><li>• Wear hand protection</li><li>• Wear non-slip footwear (slippery surfaces)</li><li>• Adequate breaks</li><li>• Check weather conditions – do not work in extreme conditions</li></ul> | <ul style="list-style-type: none"><li>• Cold:<ul style="list-style-type: none"><li>○ Encourage workers to have adequate warm drinks</li><li>○ Access to warm shelter during breaks</li></ul></li><li>• Heat:<ul style="list-style-type: none"><li>○ Sun brim on hard hat</li><li>○ Safety glasses - UV Rated</li><li>○ Use 30+ sunscreen on exposed skin areas</li><li>○ Adequate drinking water.</li></ul></li></ul> | 2M |
|--------------------|----|--|---|----|



**PLANT ROLL-OVER – EMERGENCY RESPONSE**

Establish communication with victims (if applicable) and maintain for entire rescue. Conduct response as required for specific conditions at site.

**OPERATOR:**

- Do not attempt to jump from plant during roll-over – remain in seat with seatbelt on
- After incident has occurred, if able, turn off engine
- Remain in position with seatbelt on until help arrives, unless it is safe to exit cabin
- If it is safe and injuries permit, exit cabin without jumping, and move clear from plant.

**PERSONNEL:**

- Clear non-essential persons from area
- Check for fuel and/or fluid leaks. **Ensure there are no ignition sources**
- Check for fire or fire/explosion risks. Use suitable fire protection equipment to control fire (if safe to do so)
- **Do not approach** the plant until Emergency Responders attend the scene.

**NOTE:** Plant may be unstable and unsafe to approach.

**Do not place first responders at risk** – await assistance from suitably trained and resourced Emergency Responders.

**EMERGENCY RESPONSE - CALL 000 IMMEDIATELY.**

If work is to be conducted on a construction site (or a site controlled by another Employer / PCBU) follow the site-specific Emergency Management Plan. Ensure:

- Adequate numbers of first aid trained staff are on site when working at heights occurs
- First aiders are trained and competent in managing injuries associated with demolition until emergency services arrive
- All rescue equipment is in good condition, available for use and in close proximity to the work site.

Ensure workers have access to:

- First aid kit/supplies
- First Aid trained personnel familiar with Resuscitation and emergency response for electric shock
- M/SDS
- Communication devices (check mobile phones will have service in area)
- Suitable fire protection equipment.

REVIEW NO.	1	2	3	4	5	6	7	8	9	10
NAME:										
INITIAL:										
DATE:										

**PLANT/TOOLS/EQUIPMENT LIST FOR THE JOB** *(include Type, Make Model, SWL/Capacity)*


**Relevant Legislation & Codes of Practice**

1. Download the [OHS Legislation and Codes of Practice Reference List 31105-1](#) from your tax invoice or go to [OHS References](#).
2. Copy and paste your *State specific* references relevant to your scope.

**Act & Regulations** *(paste here)*

**Codes** *(paste here)*

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**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		<input type="checkbox"/> 1 LOW		<input checked="" type="checkbox"/> 2 MODERATE		<input type="checkbox"/> 3 HIGH		<input type="checkbox"/> 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							
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		Construction Card							
		Construction Card							





MOBILE PLANT PRE-START CHECKLIST								
NAME OF PLANT:			IDENTIFICATION OR REGISTRATION NO.			DATE:		
ITEM	YES	NO	N/A	ITEM	YES	NO	N/A	
Daily logbook completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instruction manual available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operator licensed to operate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cabin	Safe access/exit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Levels	Hydraulics	<input type="checkbox"/>	<input type="checkbox"/>		Clean, free of clutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oils	<input type="checkbox"/>	<input type="checkbox"/>		Ventilated / AC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Water	<input type="checkbox"/>	<input type="checkbox"/>		Visibility from cabin windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel	<input type="checkbox"/>	<input type="checkbox"/>		Loose objects secured/removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluid leaks	Hydraulics	<input type="checkbox"/>	<input type="checkbox"/>	ROPS	Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oils	<input type="checkbox"/>	<input type="checkbox"/>		Meet relevant Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Water	<input type="checkbox"/>	<input type="checkbox"/>		In good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel	<input type="checkbox"/>	<input type="checkbox"/>		Functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danger areas guarded	Moving motor parts	<input type="checkbox"/>	<input type="checkbox"/>	Attachment has sufficient SWL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	PTO shafts	<input type="checkbox"/>	<input type="checkbox"/>	Quick hitch engaged properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Hydraulic hoses/valves etc.	<input type="checkbox"/>	<input type="checkbox"/>	Locking pins in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Hot engine/muffler parts	<input type="checkbox"/>	<input type="checkbox"/>	Gauges / Lamps / Warning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tyres / wheels / tracks	Correct type	<input type="checkbox"/>	<input type="checkbox"/>	Lights – front / rear/ stop / turning / beacons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Do not have cracks	<input type="checkbox"/>	<input type="checkbox"/>	Horns / reversing alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Have adequate tread depth	<input type="checkbox"/>	<input type="checkbox"/>	Brakes – park / foot / emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Correct and equal pressure	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Warning devices	Installed	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Positioned for best affect	<input type="checkbox"/>	<input type="checkbox"/>	<i>Report any problems to supervisor and follow tag-out/lock-out procedures for unsafe equipment.</i> <u>Comments:</u>				
Other?	<input type="checkbox"/>	<input type="checkbox"/>						
Repairs completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Operators Name:								
Operators Signature:								