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| **Person Conducting a Business or Undertaking (PCBU) Details** | | | | |
| **Business Name:** |  | | **Contact Name:** |  |
| **ABN** |  | | **Contact Position:** |  |
| **Address:** |  | | **Contact Phone:** |  |
| **Project Details:** | | | | |
| **Project Location:** |  | | **Principal Contractor** |  |
| **Job Description:** |  | | | |
| **SWMS Review:**  This SWMS has been prepared in consultation with Workers. | | | | |
| **Prepared By** |  | | **Reviewed By:** |  |
| **Prepared On** |  | | **Reviewed On:** |  |
| **High Risk Activities** |  | | | |
| **Notes & Comments:** |  | | | |
| **Plant & Equipment Required** | | **Hazardous Materials Used** | | |
|  | |  | | |
| **Personnel Qualifications & Training Required** | | **Permits Required** | | |
|  | |  | | |
| **Legislation, Codes of Practice, & Standards** | | | | |
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| **Personal Protective Equipment Required** | | | | |
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| **Hierarchy of Controls** | | | | |
| **Elimination**  Physically removing the hazard is the most effective hazard control  **Substitution**  Substitution involves replacing something that produces a hazard (similar to elimination) with something that does not produce a hazard  **Engineering controls**  Engineered controls isolate people from hazards. E.g. Guards on machines/tools.  **Administrative controls**  Administrative controls are changes to the way people work e.g procedures, employee training, and installation of signs and warning labels  **Personal protective equipment**  PPE is the least effective means of controlling hazards because of the high potential for damage to render PPE ineffective. | | | | |

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| **Risk Matrix** | | | | | |
| **Risk Level** | **Description of Consequence or Impact** | **Consequence** | **Likelihood/Probability** | | |
| **L *(Likely)*** | **M**  ***(Moderate)*** | **U**  ***(Unlikely)*** |
| **1 - High**  *(High level of harm)* | Potential Death, Permanent Disability, or Major Structural Damage. Off-site release not contained, major remediation required with outside assistance, significant detrimental environmental impact. | **1 - High** | 1 | 1 | 2 |
| **2 - Medium**  *(Medium level of harm)* | Potential Temporary, Disability, or Minor Structural Damage. On site release contained, minor remediation required with outside assistance, short-term detrimental environmental impacts. Any potential for exceeding a Statutory Licence Permit condition. | **2 - Medium** | 1 | 2 | 3 |
| **3 - Low**  *(Low level of harm)* | Potential incident that has the potential to cause persons to require first aid. On-site release immediately contained minor level clean up with no short-term environmental impacts. | **3 - Low** | 2 | 3 | 3 |
| **Level** | **Likelihood/Probability** | | | | |
| Likely | Could happen frequently | | | | |
| Moderate | Could happen occasionally | | | | |
| Unlikely | May occur only in exceptional circumstances | | | | |

| **Task or Activity** | **Possible Hazard or Risks** | **Risk Level Before** | **Risk Control Measures** | **Risk  Level After** |
| --- | --- | --- | --- | --- |
| **Prior to Entering Site** | | | | |
| Screening Questions | * Answering Yes to one or more of the screening questions | H | DO NOT ENTER SITE IF:   * You are displaying COVID-19 symptoms. * You have returned from overseas travel in the last 14 days. * You have been in contact with anyone diagnosed with COVID-19 in the last 14 days. * You have been diagnosed with COVID-19. * You have travelled to mainland China, Iran, Hong Kong, Italy, Republic of Korea, Mongolia (including transit via airports) within the past 14 days? * You have been in contact with someone who has | L |
| Screening Questions cont. | * Attending work site with while displaying possible COVID-19 symptoms | H | If you are suffering from any of the following symptoms you will need to seek medical advice and are required to provide a medical clearance indicating you are fit for work:   * Fever * Coughing * Sore Throat * Fatigue * Shortness of Breath | L |
| **While Working on Site** | | | | |
| Social / Physical Distancing | * Contracting COVID-19 through physical contact or close physical proximity * Spreading COVID-19 through contact or close physical proximity | H | * Maintain a 1.5 meter physical distance between yourself and others * One person per 4 square meters when working in enclosed or internal spaces * Avoid physical contact with others * Stagger break times to avoid crowding * Essential workers only – Limit external visits to site (e.g. Inspections) * Third party visits should be contactless when possible (e.g. Deliveries) | L |
| Worker Hygiene | * Contracting COVID-19 through second hand contact * Spreading COVID-19 through second hand contact or close physical proximity | H | * Sanitise your hands before entering the site * Wear gloves while working * Avoid touching your eyes and face * Cover mouth and nose when coughing and sneezing (use elbow or tissue) * Wash hands frequently * Bin cigarette butts | L |
| Site Hygiene | * Contracting COVID-19 through physical contact or close physical proximity * Contracting COVID-19 through second hand contact * Spreading COVID-19 through second hand contact or close physical proximity | H | * Provide adequate cleaning products and facilities for all workers * Clean shared tools / plant before and after each use * Clean shared site amenities frequently and to an industrial standard (lunch rooms, offices, toilets, drink fountains) * Avoid shared contact of common touch points (e.g. Leave doors open when possible) * General housekeeping | L |
| Staying Informed | * Site personnel unaware of most recent government guidelines | H | * New on-site inductions explaining COVID-19 safety measures * Conducting regular Toolbox Talks for any questions or updates regarding Government COVID-19 updates * Print off Government educational posters to keep workers educated * Advise all workers what steps should be taken if they contract the virus or have been in contact with someone with the virus * Workers should know: * When to stay away from the workplace * What action to take if they become unwell * What symptoms to be concerned about. | L |

**Sign Off Sheet** This SWMS has been developed through consultation and has been read, understood and signed by all employees undertaking the works

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| **Name** | **Signature** | **Company** | **Date** |
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