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| **Activity / Task** |       | **Date Developed** | Click or tap to enter a date. |
| **Contractor / Principal Contractor details project name / address** |       | **Project No.** |       |
| **Works Supervisor** | **Name** |       | **Additional advice contact** |
| **Phone Number** |       | **Job Title** |       |       |

**Please review and complete all sections.**

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| High Risk Construction Work (HRCW) |
| [ ]  | Where there is a risk of a person falling more than 2 m (In some cases 3 m) | [ ]  | On or adjacent to roadways or railways used by road or rail traffic. | [ ]  | In, over or adjacent to water or other liquids where there is a risk of drowning. |
| [ ]  | On or near energised electrical installations or services.  | [ ]  | At workplaces where there is any movement of powered mobile plant. | [ ]  | Structural alterations that require temporary support to prevent collapse. |
| [ ]  | Involving a confined space. | [ ]  | In an area that may have contaminated or flammable atmosphere. | [ ]  | On telecommunications towers |
| [ ]  | Involving a trench or shaft if the excavated depth is more than 1·5 metres. | [ ]  | On or near pressurised gas distribution mains or piping. | [ ]  | On or near chemical, fuel or refrigerant lines. |
| [ ]  | Involving removal or likely disturbance of asbestos | [ ]  | Involving demolition. | [ ]  | Involving the use of explosives. |
| [ ]  | In an area where there are artificial extremes of temperature. | [ ]  | Involving a tunnel. | [ ]  | Involving diving. |
| Other Tasks |
| [ ]  | Swing Stage Use | [ ]  |       | [ ]  |       |
| [ ]  | Industrial Rope Access | [ ]  |       | [ ]  |       |

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| **Person responsible for ensuring compliance with SWMS / JSEA:** | **Name:**       **Signature:** | **Date received** | Click or tap to enter a date. |
| **What measures are in place to ensure compliance with the SWMS / JSEA:** |       |
| **Person responsible for reviewing SWMS / JSEA control measures:**  | **Name:**       **Signature:**  | **Date received** | Click or tap to enter a date. |
| **How / when will the SWMS / JSEA control measures be reviewed:** |       |

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| Please review and complete all sections: |
| **Are plant / tools / equipment required?**If Yes please nominate | **Yes** | **No** |       |
| [ ]  | [ ]  |
| **Licences, training and competencies required?**If Yes please nominate | **Yes** | **No** |       |
| [ ]  | [ ]  |
| **Are any hazardous chemicals required?**If Yes please nominate | **Yes** | **No** |       |
| [ ]  | [ ]  |
| **Are approved subcontractors required?**  | **Yes** | **No** |       |
| [ ]  | [ ]  |
| **Have inductions been checked?**If Yes please nominate | **Yes** | **No** |       |
| [ ]  | [ ]  |
| **Are specific work permit(s) required?**If Yes please Select | **Yes** | **No** | Confined Space | [ ]  | Isolation / Energisation | [ ]  | Excavation / Trenching | [ ]  | Work at Heights | [ ]  | Hot Works | [ ]  | Other | [ ]  |
| [ ]  | [ ]  |

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| **Required Personal** **Protective Equipment** | **Fall Protection** | **Eye Protection** | **Hearing Protection** | **Gloves** | **Respiratory Protection** | **Clothing** | **Footwear** |
| Roof Kit [ ]  | Glasses | [ ]  | Ear Plugs | [ ]  | Cut Resist | [ ]  | Disposable – P1/P2 | [ ]  | Anti-Static | [ ]  | Steel Cap | [ ]  |
| Harness [ ]  | Goggles | [ ]  | Ear Muffs | [ ]  | Insulated | [ ]  | Respirator | [ ]  | Flame Proof | [ ]  | Anti-Static | [ ]  |
| Helmet and Brim [ ]  | Lanyard [ ]  | Face Shield | [ ]  |  | [ ]  | Chemical | [ ]  | Gas Testing | [ ]  | Disposable | [ ]  | Dunlop Volleys | [ ]  |

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| SWMS / JSEA Prepared By: | **Name** |       | **Title** |       | **Signature** |  | **Date** | Click or tap to enter a date. |
| SWMS / JSEA Reviewed / Approved By: | **Name** |       | **Title** |       | **Signature** |  | **Date** | Click or tap to enter a date. |



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| Eliminate or Control the Risks associated with each Job Sequence Step. |
| **Task Steps:**Identify **ALL** steps in order of activity. | **Hazards:How could anyone be injured doing this task**What could go wrong | ‘Pre’ Risk Rating | **Identify the Control Measures**What do we need to do to protect ourselves or anyone else? | ‘Post’ Risk Rating | **Actioned by:**(List the responsible employee/s or title) |
|       |       |       |       |       |       |       |
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| **References – Legislation / Regulations / Codes of Practice / Guidelines / Compliance Codes / Aust. Standards and other relevant requirements:**  |
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| **Pre-Start Review:** | * **Upon arrival at the worksite, assess the site and add additional identified risks to this document. Ensure control measures are adopted before work begins**
* **BEFORE COMMENCING YOUR SHIFT - Check all equipment and carry out pre-start inspections.**
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| **ENSURE ANY INCIDENTS OR NEAR MISSES ARE IMMEDIATELY REPORTED**  |

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| **Induction to the SWMS / JSEA Plan** *(All workers involved in the specified task must be fully inducted and sign onto this SWMS / JSEA before commencing any works.)* |
| I have reviewed this **SWMS / JSEA** and agree with all job steps, hazards and control measures that will be implemented. I have also reviewed applicable Safety Data Sheets (SDS) and have assessed all the plant and equipment that is to be used by myself for this task. **Any changes made to the contents of the SWMS/JSEA shall be communicated to workers to ensure understanding of the changes.****DO NOT SIGN THIS RECORD IF YOU DO NOT UNDERSTAND OR AGREE OR DO NOT INTEND TO COMPLY WITH THE WORK METHODS PRESCRIBED.****Daily Review -** **Supervisor and workers to assess daily conditions and changes, make adjustments to this SWMS / JSEA, resign and date.** |
| **Workers Name: *(Please Print)*** | **Signature:** | **Licence Current:** | **Date:** | **Review Date & Initial:** | **Review Date & Initial:** | **Review Date & Initial:** | **Review Date & Initial:** | **Review Date & Initial:** | **Review Date & Initial:** | **Review Date & Initial:** |
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