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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.**

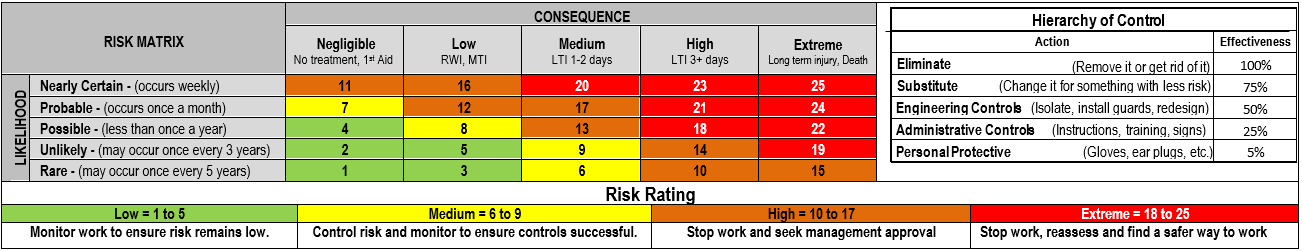
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| High Risk Construction Work (HRCW) | | | | | |
|  | Where there is a risk of a person falling more than 2 m (In some cases 3 m) |  | On or adjacent to roadways or railways used by road or rail traffic. |  | In, over or adjacent to water or other 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** |  | | | | | | | | | | | |
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| **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:** | |
|  | |
| **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.** |
| **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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