
	PO Box 247 Wentworthville NSW,2145 Phone: 02 9633 1747 Fax: 02 9893 7146 ABN: 84 155806946	SAFE WORK METHOD STATEMENT - NSW			
		Project:	911 Pittwater Rd Collaroy NSW 2097	Job No:	121-13
		Activity:	Demolition of single storey residence	Rev No:	1

1. ACTIVITY & CONTROL INFORMATION

WORK PERMITS REQUIRED Identify work permits required	<input type="checkbox"/> Hot work <input type="checkbox"/> Demolition	<input type="checkbox"/> Confined space <input type="checkbox"/> Roof access	<input type="checkbox"/> Isolation <input type="checkbox"/> Ceiling access	<input type="checkbox"/> Excavation <input type="checkbox"/> Road closure	<input type="checkbox"/> Coring <input type="checkbox"/> Other:	<input type="checkbox"/> Client
ENGINEERING INSPECTIONS Identify mandatory inspections	<input type="checkbox"/> Structure loading <input type="checkbox"/> Swing stage scaffold <input type="checkbox"/> Formwork <input type="checkbox"/> Precast/Tilt-up <input type="checkbox"/> Other:					
SCAFFOLDING Identify requirements for this activity	<input type="checkbox"/> Scaffold <input type="checkbox"/> Certificate <input type="checkbox"/> Alteration only by competent person <input type="checkbox"/> Other:					
SAFETY EQUIPMENT Identify the equipment required	<input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Task lighting	<input type="checkbox"/> Barricading <input type="checkbox"/> Lanyard	<input type="checkbox"/> Signage <input type="checkbox"/> Static line	<input type="checkbox"/> Fan <input type="checkbox"/> Safety harness	<input type="checkbox"/> Pump <input type="checkbox"/> Other:	<input type="checkbox"/> Stop/slow bat
PPE TYPES Indicate the PPE required	<input type="checkbox"/> Safety glasses <input type="checkbox"/> Heat protection	<input type="checkbox"/> Face shield <input type="checkbox"/> Hearing protection	<input type="checkbox"/> Dust mask <input type="checkbox"/>	<input type="checkbox"/> Respirator <input type="checkbox"/>	<input type="checkbox"/> Gloves <input type="checkbox"/> Other:	

2. RISK CLASS CALCULATOR

RISK CLASS CALCULATOR		Likelihood (L)					Description of Consequence
		A	B	C	D	E	
		Very Likely	Likely	Possible	Remotely Possible	Very Unlikely	
Consequence (C)	1. Significant	1	1	1	2	2	Potential Death, Permanent Disability, or Major Structural Damage.
	2. Major	1	1	2	2	2	Potential temporary disability/ serious injury or Minor Structural Damage.
	3. Moderate	1	2	2	2	3	Extended medical treatment required.
	4. Minor	2	2	2	3	3	Medical treatment required. No lost time.
	5. Insignificant	2	2	3	3	3	Potential incident that may cause persons to require first aid. No lost time.

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3. HAZARD IDENTIFICATION, RISK ASSESSMENT & CONTROL (HIRAC)

JOB STEP		HAZARDS	RISK			CONTROL MEASURES		RISK
No	Description Break the activity into a logical sequence of steps	Identify the hazards associated with each step. List each hazard individually and risk assess each hazard	L	C	Class	Description For High (Class 1) or Medium (Class 2) Risks, identify control measure(s) to eliminate the risk or reduce to Low (Class 3) using the Hierarchy of Control in the following order - 1. Elimination; 2. Substitution; 3. Isolation; 4. Engineering; 5. Administrative; 6. PPE	Responsible Indicate the position(s) of the person(s) responsible for implementing the control	Residual Risk Class
1	Inspect the site 24 hours prior to commencing works.	Live electric wires, Live gas connection in demolition area No fence	C	3	2	Ensure live electricity and gas connection are disconnected and demolition area is barricaded off with temporary fencing and lockable gates.	George	3
2	Place approved perimeter barricade around the site and relevant signage where it can be easily seen	Un authorized access	C	3	2	Barricade needs to be at least 1.8 meters high Place signage where it can be easily seen by workers and general public Access gates must be continually closed after each entry.	George	3
3	Establish Traffic Control	Hit by trucks or plant moving in and out of site	C	3	2	SWMS Traffic Control Traffic Management Plan to be completed and ensure adherence to plan Cover loaded truck before leaving the site. Carry out walk around inspection prior to leaving the site Ensure no material stuck to the wheels. Ensure bucket is not over loaded & material is placed with due care Ensure trucks are not over loaded and gate pins are secure	George	3
4	Disconnect all services from supply	Electrocution Gas Explosion	B	1	2	Ensure that all services to the site are disconnected by qualified trades and that the relevant authority is notified	George	2



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5	Lifting and carrying materials	Strains, injuries to joints, muscles back				Use wheelbarrows, trolleys and lifting equipment where possible Share loads between workers		
6	Demolition using Excavator	Serious injury from falling/flying objects Accidents due to excavator & vehicular movements Soil contamination due to machine hitting a sewer or pump discharge lines Risks to mobile machinery & workers around	C	3	2	All plant & machinery to be regularly maintained PPE equipment to be worn at all times Supervision of trucks whilst moving Full time supervision on excavator and attachment movements and workers. Heavy demolition equipment must be operated by an accredited operator All personnel to be informed to stay clear of the excavator and to listen for reverse alarms Log books to be witnessed by site supervisor &/or certificate of compliance to be signed by operator prior to plant being used	George/Operator	3



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		unstable ground Work near excavators & plant Risk arising from unsafe plant & inappropriate handling of plant & machinery						
7	Demolition by hand	Flying Objects Falling objects Fall from height Sharp objects Structure collapse Dust	C	3	2	For any object which is above shoulder height use mobile cherry picker, mobile scaffolding or fixed scaffolding to reach. Any full length glass pieces to be removed by hand. Glass panels to be removed singularly with the use of PPE. No glass is to be intentionally broken on site. No person shall approach a piece of mobile plant until contact has been made with the operator either hand signals or UHF radio. Work only in daylight hours	George	3
8	Cleaning the area	Dust Falling objects	C	3	2	Ensure water sprayed to minimize the dust Ensure the area is isolated and only authorized personal entry	George	3



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4. ACTIVITY GENERAL REQUIREMENTS

PLANT & EQUIPMENT List major plant & equipment to be used for this activity	A	B	C	HAZARDOUS MATERIALS List hazardous materials to be used for this activity	D	E	F
Number of Excavators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil, diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A: Safety verification complete B: Lifting gear certified C: Operator competence records OK				D: Product labelled E: MSDS supplied & less than 5 y/o F: Controls as per MSDS			

TRAINING & COMPETENCY List specialist training/competency/licences requirements for this activity	G	H	I	EMERGENCY RESPONSE List emergency response procedures relevant to this activity	J	K	L
Roof access permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Call ambulance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working of height training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G: Tickets/licences obtained H: Tickets/licences current I: Ticket/licence not applicable				J: Personnel trained K: Emergency services available L: Equipment available			

LEGISLATION & CODES OF PRACTICE List legislation sections and codes of practice relevant to this activity	M	N	O	STANDARDS List standards relevant to this activity	P	Q	R
WHS Act 2011	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AS: 3000 & AS: 4801	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WHS regulation 2011	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M: Legislation/code available N: O: Controls as per legislation/code				P: Standard available Q: R: Controls as per standard			

5. SWMS AUTHORITY

This SWMS has been developed in consultation with the undersigned employees and is authorised for use for this activity

Charlton Representative	Name:	Position:	Signature:	Date:
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6. EMPLOYEE SIGN OFF

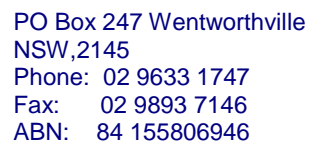
We, the undersigned, confirm that we have been consulted and involved in the development of this SWMS and that its contents are clearly understood. We also confirm that our required qualifications to undertake this activity are current and that we are competent to complete the work safely and without endangering our safety or the safety of others. We also clearly understand that the controls in this SWMS must be applied as documented, otherwise work is to cease immediately, and that I will ensure the work area is made safe should risks to other workers, visitors or the public remain.

Name	Employer	Signature	Date

7. SUPERVISOR SIGN OFF

I, the undersigned Supervisor, confirm that I have checked all qualifications/licences tendered and verify they are applicable and current. I have ensured that consultation and induction into this SWMS has taken place and that all the plant and equipment listed is properly maintained and safe to use. I have issued all relevant permits and have ensured to the best of my ability that the work area is safe and that the works will not damage any property or injure any persons

Name:	Position:	Sign:	Date:
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9. SWMS REVISION - EMPLOYEE SIGN OFF

We, the undersigned, confirm that we have been consulted and involved in the revision of this SWMS and that its contents are clearly understood. We also confirm that our required qualifications to undertake this activity are current and that we are competent to complete the work safely and without endangering our safety or the safety of others. We also clearly understand that the controls in this SWMS must be applied as documented, otherwise work is to cease immediately, and that I will ensure the work area is made safe should risks to other workers, visitors or the public remain.

Name	Employer	Signature	Date

10. SWMS REVISION - SUPERVISOR SIGN OFF

I, the undersigned Supervisor, confirm that I have checked all qualifications/licences tendered and verify they are applicable and current. I have ensured that consultation and induction into this revised SWMS has taken place and that all the plant and equipment listed is properly maintained and safe to use. I have issued all relevant permits and have ensured to the best of my ability that the work area is safe and that the works will not damage any property or injure any persons

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