Safe Work Method Statement / Job Safety Analysis

FIRE SYSTEM SERVICES ABN: 476 352 64 476 | ACN: 113 794 924 100 South Terrace Wingfield SA 5013 Tel: 1300 88 3473 Email: info@firesys.com.au | Web:www.firesys.com.au	Subcontractor: NIL
Project:	Date:
Job Task:	SWMS/JSA No.:
To be reviewed:	

Licences/Permits Required	Cert ii Fire Safety
Relevant Australian Standards/Codes of Practice/Legislation	AS1851, AS2030, AS2337
(PPE) Personal Protective Clothing Required	1. Please nominate what PPE you will require on this job by ticking. 2. Then list PPE you will in control column by Job Steps, below (page 3). Please Tick Here ⇨
Plant & Equipment Required	
Material Safety Data Sheets Required	
Activity	

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RISK ASSESSMENT MATRIX

To enable a quick reference guide, a **Risk Assessment Matrix** (RAM) has been compiled. This is broken into two areas. **Likelihood & Consequence**.

LIKELIHOOD:

A - Almost certain to occur
B - Likely to occur
C - Possibly occur
D - Unlikely to occur
E - Will rarely occur

CONSEQUENCE:

1 - Insignificant
2 - Minor
3 - Moderate
4 - Major
5 - Catastrophic

Using Likelihood & Consequence, the level of risk can be ascertained.

Likelihood Label	Consequence Label				
	1	2	3	4	5
A	Medium	High	High	Very High	Very High
B	Medium	Medium	High	High	Very High
C	Low	Medium	High	High	High
D	Low	Low	Medium	Medium	High
E	Low	Low	Medium	Medium	High

Very High: – Very High Risk requiring redesign or changes to the plan to reduce the risk
High: – High Risk addressed by specific planning / instructions
Medium: – Medium Risk addressed by responsibility assignment
Low: – Low Risk addressed by routine procedures

SWMS CHECK LIST

1. Will any Flora or Funa be effected by this Job?	No	If yes, please answer.
2. Will any trade waste be created by this Job?	No	If yes, please answer.
3. Will any dust or polluted water be created by this Job?	No	If yes, please answer.
4. Will noise pollution be created by this Job?	No	If yes, please answer.
5. Tools that require test and tag, are they in date?	Yes	If no, please answer.
6. Is all your PPE in good working order?	Yes	If no, please answer.
7. Any elevated platforms, scaffolding, temporary structures required for this Job?	No	If yes, is there any licenses required & are they current? -

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Job Steps	Potential Hazard	Risk Matrix	Control	WHO Is Responsible
Break the job into steps	What can cause harm at each step	**EG = A1: M**	What is going to be done to make the job as safe as possible	List the names of the person responsible to implement the control measure identified.
		-	PPE,	
		-	PPE,	
		-	PPE,	
		-	PPE,	
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I, the undersigned confirm that I have checked all qualifications tendered and verify they are applicable and current. I have also ensured that all inductions have taken place and that all tools and equipment are 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 work will not damage any property or injure any persons.

Responsible Person Name:	Position	Signature:	Date:

We, the undersigned, confirm that we have been consulted regarding the above SWMS and that its content is clearly understood. We also confirm that our required qualification/s to undertake this activity is current and that we are competent to complete the work safely and without risk to our own health or the health of others. We clearly understand that the controls in this SWMS must be applied as documented, otherwise work is to cease immediately and we will ensure that the work area is made safe should risks to other workers, visitors or the public remain.

Workers Name	Position	Qualifications, Licenses, Tickets	Workers Signature	Date

This SWMS was developed by Nick Papamichael. SWMS Next Review Date: 01 / 01 / 2024

REMEMBER **DISCUSS WITH WORK GROUP** **PROVIDE COPY TO WORK TEAM** **FILE ORIGINAL COPY IN CONTRACT FILE**