

MOBILE PLANT (WORKING NEAR/AROUND) SAFE WORK METHOD STATEMENT (SWMS)












Business Contact:	Phone #:	Principal Contractor (PC):
Responsible person (for monitoring SWMS and work):		Job address:
Signature:	Date:	PC Phone #: Date SWMS provided to PC:
Contact Phone #:		Contact Phone #:

THIS WORK ACTIVITY INVOLVES THE FOLLOWING HAZARDOUS WORK AND ENVIRONMENTAL IMPACTS

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Electrical equipment | <input type="checkbox"/> Elevated levels | <input checked="" type="checkbox"/> Slips, trips and falls | <input type="checkbox"/> Hazardous substances | <input type="checkbox"/> ? |
| <input type="checkbox"/> Hot Work | <input checked="" type="checkbox"/> Hazardous manual tasks | <input type="checkbox"/> Outdoor work | <input type="checkbox"/> Remotely &/or isolated work | <input type="checkbox"/> ? |
| <input type="checkbox"/> Noise and vibration | <input type="checkbox"/> Native vegetation & weeds | <input type="checkbox"/> Air quality | <input type="checkbox"/> Waste | <input checked="" type="checkbox"/> Vehicle movement |
| <input type="checkbox"/> Fuels, oils & chemicals | <input checked="" type="checkbox"/> Terrestrial fauna | <input type="checkbox"/> Waterways & soils | <input type="checkbox"/> Cultural heritage | <input type="checkbox"/> ? |

THIS WORK ACTIVITY INVOLVES THE FOLLOWING "HIGH-RISK CONSTRUCTION WORK" (HRCW - IDENTIFIED IN THE JOB TASK COLUMN)

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| <input type="checkbox"/> Confined spaces | <input checked="" type="checkbox"/> Mobile plant movement | <input type="checkbox"/> Demolition of a load-bearing structure | <input type="checkbox"/> Asbestos disturbance |
| <input type="checkbox"/> Using explosives | <input type="checkbox"/> Diving work | <input type="checkbox"/> Artificial extremes of temperature | <input type="checkbox"/> Tilt-up or pre-cast concrete |
| <input type="checkbox"/> Pressurised gas distribution mains or piping chemical, fuel or refrigerant lines energised electrical installations or services | | | |
| <input type="checkbox"/> Structures or buildings involving structural alterations or repairs that require temporary support to prevent collapse | | | |
| <input type="checkbox"/> Involves a risk of a person falling from 2m or more, including work on telecommunications towers | | | |
| <input type="checkbox"/> Working at depths greater than 1.5 Metres, including tunnels or mines | | <input type="checkbox"/> Work in an area that may have a contaminated or flammable atmosphere | |
| <input type="checkbox"/> Work carried out adjacent to a road, railway or shipping lane, traffic corridor | | <input type="checkbox"/> In or near water or other liquid that involves the risk of drowning | |

FOOT PROTECTION	HEARING PROTECTION	HIGH VISIBILITY	HEAD PROTECTION	EYE PROTECTION	FACE PROTECTION	HAND PROTECTION	PROTECTIVE CLOTHING	BREATHING PROTECTION	SUN PROTECTION	SAFETY HARNES	Rings, watches, jewellery that may become entangled must not be worn. Long and loose hair must be tied back.
											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic	Score	Action		
Almost Certain	3 - High	3 - High	4 - Acute	4 - Acute	4 - Acute				
Likely	2 - Moderate	3 - High	3 - High	4 - Acute	4 - Acute	4A - Acute	DO NOT PROCEED.		
Possible	1 - Low	2 - Moderate	3 - High	4 - Acute	4 - Acute	3H - High	Review before commencing work.		
Unlikely	1 - Low	1 - Low	2 - Moderate	3 - High	4 - Acute	2M - Moderate	Maintain control measures.		
Rare	1 - Low	1 - Low	2 - Moderate	3 - High	3 - High	1L - Low	Record and monitor.		
Hierarchy of Controls		Most Effective	Elimination	Substitution	Isolation	Engineering	Administrative	PPE	Least Effective

JOB TASK	HAZARDS	RISK	CONTROL MEASURES	RESPONSIBLE PERSON
1. Arrival on-site & assess onsite conditions	Personal injury, property damage &/or environmental incident	3H	<ul style="list-style-type: none"> The vehicle should be positioned in a safe location, clear of traffic/vehicles/pedestrians during equipment delivery and materials removal (deploy physical barriers, caution signs as necessary) Do not park illegally Identify and obey all safety-related signage (check site entry requirements) Report to Site Supervisor Undertake a site-specific induction, including training in communication with plant operators: <ul style="list-style-type: none"> Groundworkers instructed on: <ul style="list-style-type: none"> The UHF channel to communicate with plant operators Not to approach mobile plant until the operator has agreed to their request to approach On set distances to maintain from the mobile plant while in operation Groundworkers and mobile plant operators are aware of any traffic management plan and no go zones Are made familiar with the blind spots of the mobile plant Assess mobile phone reception The worksite is exactly as detailed in Terms of Agreement or contract Complete a JSA specifying the control measures unanticipated hazards. 	Supervisor to check the site and conduct JSA where necessary
2. House keeping	Slips, trips & falls	3H	<ul style="list-style-type: none"> Maintain housekeeping throughout the shift & clean-up Clean up spills immediately Ensure sufficient lighting to detect changes in level (using temporary lighting as required) Do not jump from elevated edges >180mm, step carefully and use prepared access areas The work area is clean and uncluttered as possible Do not place equipment where it may become a tripping hazard Check for stored items, corners or other obstructions that could cause tripping Ensure there is room to manoeuvre the materials/equipment and no obstacles in the way Check the end destination is prepared correctly for placement of the materials/equipment 	Supervisor and workers to ensure control measures followed

JOB TASK	HAZARDS	RISK	CONTROL MEASURES	RESPONSIBLE PERSON
8. Emergency response	<ul style="list-style-type: none"> Injury Fatality Environmental damage 	4A	<ul style="list-style-type: none"> For police, fire or ambulance call '000.' Follow site emergency and evacuation procedures A communication system is available, e.g. a mobile phone or radio Check for dangers to self before helping others Maintain control of the area and stabilise the situation Apply first aid to the injured worker Complete an incident report. 	<ul style="list-style-type: none"> Refer to your SWMS implementing instructions for further specific emergency responses.

OVERALL RISK RATING AFTER CONTROLS	<input type="checkbox"/> 1 - Low <input checked="" type="checkbox"/> 2 - MODERATE <input type="checkbox"/> 3 - High <input type="checkbox"/> 4 - ACUTE
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PERMITS	<input type="checkbox"/> Not applicable <input type="checkbox"/> Hot Work <input type="checkbox"/> Confined Space <input type="checkbox"/> Local council <input type="checkbox"/> ?
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SITE MANAGEMENT PLAN	Is the work associated with a Construction Project? <input type="checkbox"/> Yes <input type="checkbox"/> No <div>If yes – This SWMS must align with requirements of the Site Management Plan in place for the Construction Project.</div>
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PLANT & EQUIPMENT	HAZARDOUS SUBSTANCES	SUPERVISORY ARRANGEMENTS
<input type="checkbox"/> Electrical tools and leads <input type="checkbox"/> Hand tools - Meet AS/NZS <input type="checkbox"/> Ladders - Meet AS/NZS <input type="checkbox"/> Mobile plant- <i>specify</i> <input type="checkbox"/> ?	Tested and tagged quarterly Regular visual inspection Inspected and tagged out if damaged Inspected and tagged out if damaged	List hazardous substances taken on-site and have the SDS onsite. 1. 2. 3. 4. 5.
		<input type="checkbox"/> Audits <input type="checkbox"/> Spot Checks <input type="checkbox"/> Reporting systems <input type="checkbox"/> Suitably qualified supervisors for job <input type="checkbox"/> Direct on-site supervision <input type="checkbox"/> Remote site: communication systems/schedule

SWMS SIGN-OFF	This SWMS developed in consultation and cooperation with workers and relevant organisation representatives. I have read the above SWMS, and I understand its contents. I confirm that I have the skills and training, including relevant certification, to conduct the task as described. I agree to comply with safety requirements within this SWMS, including risk control measures, safe work instructions and PPE described.
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WORKERS' NAME	JOB ROLE / POSITION E.G. SUPERVISOR, WORKER, TRAINEE	LICENCES, COMPETENCIES & QUALIFICATIONS <i>(add as applicable)</i>			DATE	SIGNATURE
		TYPE / DESCRIPTION	CLASS	NUMBER		
		Construction Card				
		Construction Card				
		Construction Card				