

Work Method Statement \ Safe Work Method Statement

CRITICAL NOTE – This document only becomes a Safe Work Method Statement where the 'High Risk Construction Work' section of this document is completed

Company:	ABN:	Contact Person:	Ph:
Project/Site:	Site Address:		
Principal Contractor:	WMS \ SWMS No.:		
Job Task:	TIMBER ROOF TRUSS INSTALLATION		
Date Created:	Revision Number:	Review Date:	

Relevant Australian Standards / Codes of Practice / Legislation: WHS Act 2012, WHS Regulations 2012 - Chapter 3—General risk and workplace management/Part 4 Falls Regulations 78, 79, & 80/ Part 2 Hazardous manual tasks Approved Codes of Practice – Prevention of Falls in the Construction Industry, Hazardous Manual Tasks AS/NZS 2550.1 Cranes Safe Use

Safety Data Sheets Required:


Plant & Equipment Required:

Licenses / Competencies Required:

Project Specific Permit Requirements: *Do you require a permit from the Principal Contractor?*

Work at Height Permit: Yes Hot Work Permit: Yes Confined Space Permit: Yes Excavation/Penetration Permit: Yes

High Risk Construction Work	<input type="checkbox"/> Risk of a person falling more than 3 metres (<i>note: in some jurisdictions this is 2 metres</i>)	<input type="checkbox"/> Work on a telecommunication tower	<input type="checkbox"/> Demolition of load-bearing structure
	<input type="checkbox"/> Likely to involve disturbing asbestos	<input type="checkbox"/> Temporary load-bearing support for structural alterations or repairs	<input type="checkbox"/> Work in or near a confined space
	<input type="checkbox"/> Work in or near a shaft or trench deeper than 1.5 m or a tunnel	<input type="checkbox"/> Use of explosives	<input type="checkbox"/> Work on or near pressurised gas mains or piping
	<input type="checkbox"/> Work on or near chemical, fuel or refrigerant lines	<input type="checkbox"/> Work on or near energised electrical installations or services	<input type="checkbox"/> Work in an area that may have a contaminated or flammable atmosphere
	<input type="checkbox"/> Tilt-up or precast concrete elements	<input type="checkbox"/> Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians	<input type="checkbox"/> Work in an area with movement of powered mobile plant
	<input type="checkbox"/> Work in areas with artificial extremes of temperature	<input type="checkbox"/> Work in or near water or other liquid that involves risk of drowning	<input type="checkbox"/> Diving Work

PPE Required:           

Task/Location Specific Risks:	<input type="checkbox"/> Ground Conditions	<input type="checkbox"/> Noise	<input type="checkbox"/> Water Pollution	<input type="checkbox"/> Weather
<input type="checkbox"/> Access & Egress	<input type="checkbox"/> Compressed Air	<input type="checkbox"/> Cultural / Heritage Area	<input type="checkbox"/> Soil Pollution	<input type="checkbox"/> Obstacles / Buildings
<input type="checkbox"/> Overhead Obstructions	<input type="checkbox"/> Quick Cut Saw	<input type="checkbox"/> Snakes / Vermin	<input type="checkbox"/> Rotating Machinery	<input type="checkbox"/> Other (refer to hazard prompt list)
<input type="checkbox"/> Underground Services	<input type="checkbox"/> Angle Grinder	<input type="checkbox"/> Dust	<input type="checkbox"/> Fatigue	<input type="checkbox"/>
<input type="checkbox"/> Pedestrians / Workers	<input type="checkbox"/> Hot Work / Burns	<input type="checkbox"/> Significant Trees	<input type="checkbox"/> Exposure to UV	<input type="checkbox"/>
<input type="checkbox"/> Unauthorised Persons	<input type="checkbox"/> Poor Lighting	<input type="checkbox"/> Flora & Fauna	<input type="checkbox"/> Ignitions Sources	<input type="checkbox"/>

Workers Consulted and Involved in the Development of this WMS \ SWMS

Print Name:	Signature:	Print Name:	Signature:
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RISK MATRIX

		PROBABILITY		
		Rare	Likely	Almost Certain
IMPACT	H	Med	High	Extreme
	M	Low	Med	High
	L	Low	Low	Med

Probability

The 'probability' involves deciding how likely it is that the risk will occur. Each risk should fall into one of three categories:

- **Almost Certain:** the risk might occur once a week
- **Likely:** the risk might occur once every quarter
- **Rare:** the risk might occur once in five years.

Impact

The 'impact' involves considering what impact of the risk would have, on our workers, client or project. Each risk should fall into one of three categories:

- **High impact:** Will cause work to cease due to serious injury or damage,
- **Medium impact:** Work may continue but the risk could significantly affect its performance, timescales or costs
- **Low impact:** The impact would be small and easily managed at a relatively routine level within the organisation.

Consider the most suitable control measure to reduce the impact on your workers, client and job using the Hierarchy of controls. **Remember 1 is best, 6 is last resort.**

Hierarchy of Controls (HoC)*

Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Elimination	Substitution	Isolation	Engineering	Administration	PPE

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Job Step	Potential Hazard	Risk Rating	Control	HoC Applied from 1-6	Residual Risk	Person Responsible to Implement Controls
General Planning	Inadequate training Inappropriate equipment		Only trained / competent / licensed workers to complete tasks All equipment to be checked for fault/damage and task suitability prior to use			
Crane materials in	Struck by falling object Unauthorised persons using crane		Area around work site to be bunted off No unauthorised persons to be within site during installation of truss Only licensed operators to operate crane			
Roof Truss Installation	Slip, trips, falls Manual handling		Harnesses to be used and to be checked prior to use Trained persons only to be working on tasks Appropriate PPE to be worn at all times Only workers trained in correct manual handling techniques to complete task Team lifts and mechanical lifting devices to be used where possible			
	Falls from heights		Harnesses to be used Trained persons only to be working on tasks Suitable elevated work platform to be used where possible			
	Electric Shock High pressure lines		Ensure all electrical equipment is tested & tagged as require under AS 3012 & 3760 RCD protection to be used			
	UV exposure Heat stress Wind & rain		Wind brim hats, rated sunglasses, 30+ sunscreen to be applied 20mins before exposure to sun work Covered area to be provided for breaks Regular breaks scheduled and cool drinking water to be provided			
	Incorrect or accidental use of nail gun		Ensure only trained persons use nail guns Ensure area is clear of unauthorised persons Other persons/trades to be warned that nail gun is in use Nail gun to be checked prior to use			

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			Appropriate PPE to be worn at all times			
Pack up	Manual handling Slips, trips, falls Cuts, lacerations, abrasions		Only workers trained in correct manual handling techniques to complete task Team lifts and mechanical lifting devices to be used where possible Work area to be kept clear of trip hazards at all times Appropriate PPE to be worn at all times			

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Rescue / Retrieval Planning:			
Are the following hazards identified?	Select		Action:
Work over Water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<p>If YES, a Retrieval / Rescue Plan(s) must be developed. This can be included as an attachment or included as a Job Step within the WMS \ SWMS and the method to be used communicated to the workers involved.</p> <p>If No, No additional retrieval / rescue planning documentation are required.</p>
Work at Height	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Restricted Access	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Confined Space Entry	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Elevated Work on structures (e.g. Enclosed scaffolds and roof work)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Emergency Resources / Contact Details			
Nearest Muster Point:		Nearest Fire Extinguishers:	
Nearest Spill Kit:		Nearest First Aid Kit:	
Contact Person:		Phone No:	Radio Channel No:

Management / Worker Review					
Review No:	1	2	3	4	5
Name:					
Position:					
Date:					
Comments / Actions:					

<p>Have you considered the site specific hazards?</p> <ul style="list-style-type: none"> - lay of the land - obstacles (buildings, workers, excavations, plant) - changes to site conditions - other contractors' work in progress - weather conditions (wind, rain, heat, cold etc) 	<p>Have you considered job specific details?</p> <ul style="list-style-type: none"> - different material - different chemicals - different equipment <p>Any other factor that may make affect the risks associated with performing this task?</p>	<p>IN PREPARING A WORK METHOD STATEMENT \ SAFE WORK METHOD STATEMENT YOU MUST:</p> <ol style="list-style-type: none"> 1. Break the activity into basic steps 2. Consider any site specific potential hazards 3. Using the risk matrix, assess the risk of the identified hazard and rate accordingly 4. List the controls to be implemented to reduce the likelihood of the risk causing an unwanted event 	<ol style="list-style-type: none"> 5. Apply HoC – For each control in the WMS \ SWMS <p>Note: HoC levels 1-5 must be considered before level 6 for all Work at Height activities.</p> <ol style="list-style-type: none"> 6. Review the residual risk to ensure controls are adequate to safely perform the work. 7. Assign a person(s) responsible to ensure that the assigned controls are implemented.
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WORKERS INVOLVED IN JOB TASK

We, the undersigned, confirm that we have been consulted regarding the above SMWS and that its content is clearly understood. We also confirm that our required qualification(s) etc. to undertake this activity, is/are current and that we are competent to complete the work safely and without risk to our own health or the health and safety of others. We clearly understand that the control(s) in this WMS \ SWMS must be applied as documented, otherwise work is to cease immediately, and we will ensure that the work area is made safe, as far as reasonably practicable.

Print Name:	Company:	Signature:	Date:

I, the undersigned Supervisor, confirm that I have checked all qualifications provided and verify that 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.

Supervisor Name _____ **Supervisor Signature** _____ **Date** _____