

CRIT	TCAL NOTE - This	document only b	ecomes a Safe	Work Method	l Stateme	nt where the 'High	Risk Const	ruction Wo	rk' section of this docu	ıment is complet	ed
Compan	ıy:		,	ABN: Contact Person:					Ph:		
Project/	Site:					Site Address:					
Principa	l Contractor:					WMS \ SWMS No.:					
Job Task	κ:										
Date Cre	eated:					Revision Number:			Review Date:		
	t Australian Standard	ds / Codes of									
	/ Legislation:										
	ata Sheets Required Equipment Required										
	s / Competencies Rec										
	Specific Permit Requi		Do you require d	permit from t	the Princip	al Contractor?					
	Height Permit:	Yes	Hot Work Permi		Yes	Confined Space P	ermit:	Yes	Excavation/Penetratio	n Permit:	Yes
						·			· · · · · · · · · · · · · · · · · · ·		
논	☐ Risk of a person f some jurisdictions		etres (note: in	☐ Work on	a telecomm	unication tower			Demolition of load-bearing	g structure	
× Wo	Likely to involve of	disturbing asbestos		Temporary load-bearing support for structural alterations or repairs				Work in or near a confined space			
Ris ion	☐ Work in or near a a tunnel	shaft or trench deepe	er than 1.5 m or	☐ Use of explosives ☐ Work on or near pressurised gas mains or piping				ing			
High Risk struction \	☐ Work on or near o	chemical, fuel or refrig	erant lines	☐ Work on	☐ Work on or near energised electrical installations or services☐ Work in an area that may have a contamination flammable atmosphere				have a contaminate	d or	
High Risk Construction Work	☐ Tilt-up or precast	concrete elements		Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians			· 🔲	Work in an area with move	ement of powered m	obile	
ၓ	☐ Work in areas wit	h artificial extremes o	f temperature	 ☐ Work in or near water or other liquid that involves risk of drowning ☐ Diving Work 							
PPE Req	juired:									30+	
	cation Specific Risks	Ground (Conditions	□No			Water Pol	llution	Weather		
Access & Egress Compressed Air				Soil Pollut	-		s / Buildings				
□ Overhead Obstructions □ Quick Cut Saw □ Underground Services □ Angle Grinder		Snakes / Vermin Dust		☐ Rotating N☐ Fatigue	Machinery	☐ Other (r	efer to hazard prom	ipt list)			
Pedestrians / Workers Hot Work / Burns		Significant Trees		Exposure	to UV	H					
Unauthorised Persons Poor Lighting			ra & Fauna		Ignitions S						
Worker	s Consulted and Invo	olved in the Develo	pment of this WN	AS \ SWMS							
Print Na			nature:	•	P	rint Name:			Signature:		

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Step 1

Consequences	
5 – Severe	Potential to be fatal. Permanent disability. Destruction of property or plant
4 – Major	Serious injury. Long term disability. Major damage to plant, property or environment.
3 – Moderate	Potential for injury resulting in medical attention. Damage to plant, property or environment.
2 – Minor	Injury requiring First Aid treatment and / or short term discomfort.
1 – Negligible	Cause a near miss, needs to be reported

Step 2

Potential						
A – Almost Certain	This event is expected to occur in most circumstances					
B – Likely	The event will probably occur in most circumstances					
C – Possible	The event might occur at some time					
D – Unlikely	The event could occur at some time					
E - Rare	The event may occur only in exceptional circumstances					

Step 3

	Consequences				
Potential	1 – Negligible	2 – Minor	3 – Moderate	4 – Major	5 – Severe
A - Almost Certain	M	S	S	H	H
B - Likely	L	M	S	S	H
C - Possible	L	L	M	S	H
D -Unlikely	L	L	M	M	S
E - Rare	VL	L	M	M	S

Legend

Risk Rating	
High	Re-plan and/or re-design activity. If this is not possible, complete a seperate Hazard Assessment prior to completing the SWMS
Significant	Activity Must be reviewed by a Senior Management representative and have identified risk controls built into the SWMS
Medium	Some action may be required, management to determine and document requirements within SWMS and monitor
Low	Minimal risk, monitor where work changes
Very Low	Minimal risk, monitor where work changes

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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	Work Method Statement \ Safe Work Method Statement					
Job Step	Potential Hazard	Risk Rating	Control	Residual Risk	Person Responsible for Controls	
Break the job into steps	What can cause harm at each step High risk work is to be kept to its own cell	S (17)	Describe the control measures and how they will be used	M (8)	EXAMPLE	
Unloading of mobile scaffold	Manual handling	S	Only workers trained in correct manual handling techniques to complete task. Team lifts and mechanical lifting equipment to be used where possible	М	Employee	
Erecting	Unauthorised assembly Overloading of scaffold Exceed maximum height allowed	S	Only competent workers to erect scaffold If 4 metres or greater must have a "High Risk" Licence for Scaffolding Refer to manufacturer's specification, height no greater than 3 x minimum base length	M	Employee	
Locating	Incorrect control of unit when moving Access & egress Struck by falling objects Castors jammed	S	Sufficient area for the unit to be used Correct number of persons as identified in manufacturer's instructions to control unit when moving Access ladders to have correct room for use No items/tools on scaffold when moving Correct maintenance of castors on unit,	М	Employee	
Moving	Over balance unit Striking other objects	S	Ensure path is correct for movement of scaffold Ground is flat & level Ensure that route is clear of obstacles before moving unit	М	Employee	
Collapse	Crushed	S	Observe SWL at all times Do not overload Erect signage to warn of overhead work Only licensed/competent person to erect scaffold	М	Employee	

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Rescue / Retrieval Planning:								
Are the following hazards identified?		Select	Action:					
Work over Water	Yes 🗌	No □						
Work at Height	Yes 🗌	No 🗆	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.					
Restricted Access	Yes 🗌	No 🗌						
Confined Space Entry	Yes 🗌	No 🗆						
Elevated Work on structures (e.g. Enclosed scaffolds and roof work)	Yes 🗌	No 🗆	If No, No additional retrieval / rescue planning documentation are required.					
Emergency Resources / Contact Details								
Nearest Muster Point:		Nearest Fir	re Extinguishers:					
Nearest Spill Kit:		Nearest Fir	rst Aid Kit:	<u>, </u>				
Contact Person:		Phone No:		Radio (Channel No:			
Management / Wardan Barrian								
Management / Worker Review Review No:	4	2	2	,	5			
Review No:	1	2	3	4	5			
Name:								
Position:								
Date:								
Comments / Actions:								
				•	<u> </u>			
Have you considered the site specific hazards? - 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) Have you considered job specific - different material - different chemicals - different equipment - Any other factor that may make a associated with performing this ta			NSAFE WORK METHOMUST: 1. Break the activity 2. Consider any site 3. Using the risk maidentified hazard a 4. List the controls to	into basic steps specific potential hazards atrix, assess the risk of the and rate accordingly be implemented to reduce	 5. Apply HoC – For each control in the WMS \ SWMS Note: HoC levels 1-5 must be considered before level 6 for all Work at Height activities. 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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TSCH
DERS

WORKERS	INVOLV	/FD IN	IOR TA	SK
WURNERS	INVOLV	/ED III	JUD IA	ЭN

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
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