

**Wheeler Cranes**  
**6 McIntyre Rd**  
**Tomago NSW 2324**

ABN: 34 088 229 190

This SWMS has been developed and authorised by:

Name Albie Wheeler

Position Managing Director

Date

Signature

Phone

Mobile

**WHS FORM 05: SAFE WORK METHOD STATEMENT (SWMS) (job safety analysis worksheet scope of works)**

DESCRIPTION OF WORK SPECIFIC TO THE ACTIVITY/TASK BEING UNDERTAKEN: Daily Checks – Daily checks Vehicles

Trades involved with undertaking this work activity/task:

This SWMS is submitted to: (Principal/Head Contractor)

Company:

Contact name:

Contact name:

Site address:

Project detail:

This SWMS was reviewed by: (Principal/Head Contractor)

Name:

Position:

Signature:

Date:

Phone number:

Mobile Number:

Responsible person who will implement, review, supervise, oversee, approve and inspect workplace, plant, tools, protective measures and equipment on contractors behalf

Name:

Position:

Signature:

Date:

Phone number:

Mobile Number:

Equipment to be used	✓	Insert other equipment	✓	Personal protective equipment to be used. Has PPE been supplied?	Y/N	Common hazard	✓
Extension ladder		Cement mixer		Hard hat	Y	Fall from ladder	✓
Step ladder	✓			Safety boots	Y	Fall from heights	✓
Scaffold (mobile)				Safety vest/Hi Vis clothing	Y	Fall from scaffold	✓
External scaffold				Gloves	Y	Contact with electricity	✓
Fire extinguisher				Hearing protection		Dermatitis	
Trestles				Safety glasses	Y	Slip, trips and falls	✓
Electrical leads				Barrier cream		Manual handling	✓
Power tool				Safety lines		Inhalation of dust or fumes	✓
Generator				Safety harness		Exposure to noise	✓
RCD power board				Dust masks		Contact with moving plant	✓
Hand tools				Other:		Cuts	
Nail gun						Other:	
Wheelbarrow							
Shovel							

### How to complete the following form

- List the step-by-step sequence of tasks required to carry out a work activity from start to finish.
- List the potential hazards associated with each step and the related WHS risks.
- List what controls you will implement to reduce the risks to the lowest possible level.
- List the names or positions of the persons responsible for ensuring that the controls are implemented.

A separate SWMS is required for each work activity

### Assessing the risk

RISK	High	Medium	Low
	Potential death, permanent disability or major structural failure/damage.	Hospitalisation or medical treatment, potential temporary disability or minor structural failure/damage.	Hazard that has the potential to cause persons to require first aid.
<b>ACTION REQUIRED</b>	Cease work immediately. Review task/situation/condition. Additional risk controls and must be documented and implemented. Ensure all parties are aware of risk control.	Implement suitable controls as soon as practical. Task/situation/condition to be reviewed and reinforce control measures where applicable.	Review task and reinforce control measures where applicable.

### Hierarchy of controls

Eliminate the risk all together.	Substitute the risk.	Isolate people from the risk.	Engineer out the risk.	Apply administrative controls.	Use personal protective equipment (PPE).
Best					Worst →

Step	<b>Job step</b> <i>Break the job down into steps. Outline each task to do the job.</i>	<b>Hazards Identification</b> Identify any potential hazards associated with each job step. Assess any risks that could lead to an incident or an adverse environmental impact and rate each risk accordingly.	<b>Risk Rating</b>	<b>Controls Implemented</b> Using the previous two columns as a guide, decide what actions are necessary to eliminate or minimise the hazards that could lead to an accident, injury, occupational illness or environmental impact.	<b>Residual Risk</b>	<b>Person responsible</b>
1.	Cross Yard	Struck by plant	H	Refer SOP 02	L	All personnel
2.	Walk Around	Overstress injury/ Uneven surfaces	M	Appropriate posture when looking under crane. Appropriate posture when tensioning wheel nuts Use appropriate access to prevent stretching when cleaning windscreens.Eyes on path	L	Driver / Dogman
3.		Fall from height	M	Use appropriate access equipment	L	Driver / Dogman
	Engine Bay	Crush Injury/Slash / Amputation	H	Engine to be stopped while checks are undertaken. Ignition key to be in possession of persons under bonnet Where bonnet is not fitted with restraints, a chock is to be fitted to prevent slam closure.	L	Driver
4.		Burn injury	M	Engine temperature to be tested prior to exposure. Wear gloves when testing Take care when handling battery acid that any spills are dealt with in accordance with MSDS	L	Driver

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	Cabin	Crush Injury/Fall	H	Persons assisting in checking lights to stand clear of crane in case of accidental starting	L	Driver / Dogman
	Start up	Struck by	H	Driver to ensure all personnel are clear of crane prior to running steering and brake tests	L	Driver
6.	Pre-departure checks	Struck by debris	H	Driver to ensure tyres clean, all toolboxes locked no loose equipment on decks prior to departure	L	Driver
7.		Roadworthy	M	Driver to ensure crane is roadworthy prior to road travel	L	Driver
	Refuelling	Refer SOP 16				
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**CHECKLIST OF ITEMS THAT MAY BE REQUIRED FOR THIS WORK ACTIVITY**

**Training and qualifications**

NCOC Licence for work performed (Crane Driver / Dogman)  
Drivers Licence valid for type of vehicle driven

**List of relevant legislation, applicable codes of practice or additional references as required**

AS2550.1  
AS2550.5  
NSW WHS Act 2011  
NSW WHS Reg 2011  
COP Moving plant on construction sites  
NCOP for the Prevention of Musculoskeletal Disorder from Performing Manual Tasks at Work (2007)  
NCOPs for the prevention of falls in general construction and in housing construction

**Communication and consultation**

All personnel to understand the task, components and sequence of lift, slew path and placement location.  
Driver and dogman to have UHF radio and/or whistle contact when operating out of sight.

