Wheeler Cranes	This SWMS ha	This SWMS has been developed and authorised by:					
6 McIntyre Rd	Name	Albie Wheeler					
Tomago NSW 2324	Position	Managing Director	Date				
	Simulatura	4-14 //	Phone				
ABN: 3 <mark>4 088 229 190</mark>	Signature		Mobile				
WHS FORM 05: SAFE WORK ME	THOD STATE	EMENT (SWMS) (job safe	ty analysis worksheet scope of works)				
DESCRIPTION OF WORK SPECIFIC TO THE ACTIV	VITY/TASK BEING UN	NDERTAKEN: Man Box Operations					
Trades involved with undertaking this work activit	ty/task:						
This SWMS is submitted to: (Principal/Head Contract	or)	11					
Company:	AGE -	1	7-/				
Contact name:	4	Contact name:					
Site address:	4	Project detail:					
This SWMS was reviewed by: (Principal/Head Contra	ctor)						
Name:		Position:					
Signature:		Date:	Date:				
Phone number:		Mobile Number:	Mobile Number:				
Responsible person who will implement, review, supe	rvise, oversee, approv	e and inspect workplace, plant, tools, p	protective measures and equipment on contractors behalf				
Name:	- Y	Position:					

Date:

Mobile Number:

Signature:

Phone number:

Equipment to be used	✓	Insert other equipment	✓	Personal protective equipment to be used. Has PPE been supplied?	Y/N	Common hazard	✓
Extension ladder		Man Box	✓	Hard hat	Υ	Fall from ladder	✓
Step ladder				Safety boots	Υ	Fall from heights	✓
Scaffold (mobile)				Safety vest/Hi Vis clothing	Υ	Fall from scaffold	✓
External scaffold				Gloves	Υ	Contact with electricity	✓
Fire extinguisher				Hearing protection	No.	Dermatitis	
Trestles				Safety glasses	Υ	Slip, trips and falls	✓
Electrical leads				Barrier cream		Manual handling	✓
Power tool	4		M	Safety lines		Inhalation of dust or fumes	✓
Generator				Safety harness	A	Exposure to noise	✓
RCD power board	111			Dust masks	42	Contact with moving plant	✓
Hand tools				Other:	39	Cuts	
Nail gun						Other:	
Wheelbarrow		10 1007 / (1000)	7				
Shovel		7 //	-//			Lang.	

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.
ACTION REQUIRED	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).
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Best Worst

Step	Job step Break the job down into steps. Outline each task to do the job.	Hazards Identification 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.	Risk Rating	Controls Implemented 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.	Residual Risk	Person responsible
1	Pre –start of crane	Refer SOP 04 and operators manual				
2	Travel to site	Refer SOP 06				
3	Operation of Crane	Refer SOP 08 for Franna Crane Operation or SOP 13 for Slew Crane Operation				
4	Inspect Man Box	Fall from height due to failure of lifting points or equipment	Н	Complete Manbox checklist (see SOP 14)	L	Dogman
5	Check crane for Manbox work	Fall from height due to inability of crane to hold manbox	Н	Check operation of hoist brake as per checklist (see SOP 14)	L	Crane Driver
6	Check hook for operation of safety devices	Fall from height due to manbox being dislocated from hook	Н	Safety catches fitted, operational and in good condition	L	Dogman
7	Check wind speed and forecast	Strike building/object fall from height	Н	Obtain weather forecast and complete Man box checklist (see SOP 14)	L	Crane Crew / Site Manager

Step	Job step Break the job down into steps. Outline each task to do the job.	Hazards Identification 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.	Risk Rating	Controls Implemented 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.	Residual Risk	Person responsible
8	Secure any load to be carried in manbox	Struck by equipment	M	All equipment to be secured to appropriate anchor points, not being lifting lugs or harness anchor points.	L	Site personnel
9	Wear harnesses	Fall from height	Н	All personnel to wear approved safety harnesses. Safety harnesses to be anchored to at least one point at all times	L	Dogman / Site personnel
10	Communicate work to be performed	Strike stru <mark>ctur</mark> e	М	A clear work plan is to be prepared including sequence of work and estimated times. Work plan is to be reviewed by all personnel to ensure that sequence is understood. A designated radio channel has been assigned and tested.	L	All personnel involved in work

CHECKL	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	AS2550.5 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 Workcover NSW Position Paper Advice on the use of crane work boxes						
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 whistle contact when operating out of sight.						

Declaration by contractors and workers

- 1. I have been **consulted** and **assisted** in the development of this **SWMS**.
- 2. I have been given the opportunity to comment on the content of this SWMS. I have read and understand how I am to carry out the tasks listed in this SWMS.
- 3. I have been supplied with the appropriate **personal protective equipment** that has been identified on this SWMS and I have been given **training** in the safe use of this equipment.
- 4. I have read and understand the requirements set out in the material safety data sheets for the hazardous substances which have been identified in this SWMS for this particular work activity.

LIST ALL MATERIAL SAFETY DATA SHEETS USED ON	SITE
1287 Caltex Brake & Clutch Fluid	
Diesel-Extra Low Sulfur	
1280 Diesel Engine Oil 15W-40 CF4/SH	
1418 Easy Shift SAE 75W-90	
1597 Hydraulic Oil AW46	
2800 Battery Acid	
Radiator Coolant	
Auto Trans Fluid F	

Name	Signature	Date
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