Wheeler Cranes	This SWMS has been de	eveloped and authorised by:		
6 McIntyre Rd	Name			
Tomago NSW 2324	Position	Date		
	Signature	Phone		
ABN: 34 088 229 190	Signature	Mobile		
WHS FORM 05: SAFE WORK MI	ETHOD STATEMENT	(SWMS) (job safety analysis worksheet scope of works)		
DESCRIPTION OF WORK SPECIFIC TO THE ACTI	VITY/TASK BEING UNDERTAK	EN: Work near water		
Trades involved with undertaking this work activi	ity/task:			
This SWMS is submitted to: (Principal/Head Contract	tor)			
Company:	7			
Contact name:		Contact name:		
Site address:		Project detail:		
This SWMS was reviewed by: (Principal/Head Contra	actor)			
Name:		Position:		
Signature:		Date:		
Phone number:		Mobile Number:		
Responsible person who will implement, review, supe	ervise, oversee, approve and insp	pect 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	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	7100	Dermatitis	
Trestles				Safety glasses	Υ	Slip, trips and falls	✓
Electrical leads				Barrier cream		Manual handling	✓
Power tool				Safety lines	7.4	Inhalation of dust or fumes	✓
Generator	1			Safety harness	A	Exposure to noise	✓
RCD power board			Į.	Dust masks	42	Contact with moving plant	✓
Hand tools				Other:	Υ	Cuts	
Nail gun				PFD		Other:	
Wheelbarrow		19 (19)	9			40000	
Shovel			1/2			1 house	

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
	Work operations in accordance with SOP	Refer SOP 08 for Frannas and SOP 13 for Slew Cranes				
1.	Job planning	Insurance cover	M	Insurance excludes work "over water" without special notice. Insurer to be advised when work is planned over water	L	Technical Supervisor
2.	Walking on site	Fall into water	Н	Personnel working/walking in close proximity to edge of wharves/river banks to wear PFD. PFD is to auto-inflate if inflatable.	L	Each person
3.	Driving on site	Fall into water	M	Cranes are not to be driven on side slopes on river banks. Cranes are to be guided when parking on wharves.	L	Crane Crew
		Fall into water – wharf collapse	M	Geotechnical/structural reports to be provided where any doubt as to structural integrity exists	L	Site Manager
4.	Erection of crane	Fall into water – wharf collapse	M	Geotechnical/structural reports to be provided where any doubt as to structural integrity exists. Increased pad size to reduce ground pressures to specifications	L	Crane Crew

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 legislative and list la	AS2550					
List of relevant legislation, applicable codes of practice or additional references	NSW WHS Act 2011					
as required	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					
	All personnel to understand the task, components and sequence of lift, slew path and placement location.					
Communication and consultation	Driver and dogman to have UHF radio and/or whistle contact when operating out of sight. Advice to insurer by phone to Gina Brasher Senior Account Executive/Operations Manager					
	Ph: (02) 49 256 509 Fax: (02) 49 256 507 Mobile 0425 256 648					
	Sanderson Sanderson Website:					
	http://www.markeygroup.com.au/ar/sanderson/index.php					

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 S	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
	1	