

# Job Safety and Environmental Analysis Safe Work Method Statement Worksheet

<b>Site:</b>	Bundalong									
<b>Description of Work:</b> Install jettes on site	Almost Certain (A)	Minor (5)	Serious (4)	Major (3)	Critical (2)	Catastrophic (1)	JSEA Ref No.			
	Likely (B)	High	High	Very High	Extreme	Extreme	Permit to Work Ref No.			
	Possible (C)	Medium	Medium	High	High	Very High	SWMS Required			Y / N
	Unlikely (D)	Low	Medium	Medium	Medium	High	SWMS Ref No.			
	Rare (E)	Low	Low	Low	Medium	Medium	SWMS Ref No.			

<b>Developed By:</b> Shane McBurnie	<b>Date:</b> 23/12/14	<b>Reviewed By:</b>	<b>Date:</b>
<b>Approved By:</b>	<b>Date:</b>		

<b>Plant and Equipment</b>	<b>Electrical</b>	<b>Chemicals and Substances</b>	<b>Hierarchy of Controls</b>
<input type="checkbox"/> Drawing in / Entanglement	<input type="checkbox"/> High Voltage	<input type="checkbox"/> Hazardous substances	Elimination
<input type="checkbox"/> Shearing / Cutting points	<input type="checkbox"/> Low Voltage	<input type="checkbox"/> Dangerous goods	Substitution
<input type="checkbox"/> Hot / Cold parts	<input type="checkbox"/> Working on or near live power	<input type="checkbox"/> Inadequate ventilation	Isolation
<input type="checkbox"/> Friction	<input type="checkbox"/> Damaged / Untagged leads	<input type="checkbox"/> Gases / fumes / dusts	Engineering
<input type="checkbox"/> Equipment Collapse	<input type="checkbox"/> Static electricity	<input type="checkbox"/> Asbestos	Administrative Controls
<input type="checkbox"/> Trapped by moving parts	<b>Manual Handling</b>	<input type="checkbox"/> Biological hazards	PPE
<b>Slips, Trips, Falls</b>	<input type="checkbox"/> Lifting / lowering	<b>Mobile Plant</b>	<b>Safety Observer Required?</b>
<input type="checkbox"/> Cables, hoses, pipes	<input type="checkbox"/> Pushing / pulling	<input type="checkbox"/> Uneven surfaces	If so, what type:
<input type="checkbox"/> Uneven / slippery surfaces	<input type="checkbox"/> Carrying / dragging	<input type="checkbox"/> Interaction with people / plant	<b>Permit to Work Required?</b>
<input type="checkbox"/> Obstacles in the way	<input type="checkbox"/> Repetition	<input type="checkbox"/> Limited vision / blind spots	Yes
<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Awkward postures	<input checked="" type="checkbox"/> Overturning	Hot work
<b>Work Area</b>	<b>Energy Sources</b>	<b>Falls From Heights</b>	
<input type="checkbox"/> Temperature extremes	<input type="checkbox"/> Fluids under pressure	<input type="checkbox"/> Unprotected edges	If so, list the permits
<input type="checkbox"/> Cramped workspace	<input type="checkbox"/> Items falling from height	<input type="checkbox"/> Fragile roof surfaces	Hot work
<input type="checkbox"/> Noise	<input type="checkbox"/> Air under pressure	<input type="checkbox"/> Steep walking surfaces	
<input type="checkbox"/> Working near / over water	<b>Environment</b>	<input type="checkbox"/> Unprotected holes	
<input type="checkbox"/> Emissions / fumes	<input type="checkbox"/> Emissions	<b>Other</b>	
<b>Confined Spaces</b>	<input type="checkbox"/> Energy use	<input type="checkbox"/> Fatigue (travel / task related)	<b>Rescue Plan Required?</b>
<input type="checkbox"/> Flammable/Toxic atmosphere	<input type="checkbox"/> Waste generation	<input type="checkbox"/> Dehydration	No

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Step	Activity	Hazards	Initial Risk Rating (Enter Initial Risk Rating and Score)	Risk Control Measures	Who is Responsible? The name of the person responsible to implement the control measure identified.	Final Risk Rating (Enter Final Risk Rating and Score)	within this SWMS	
							Access / Egress <input type="checkbox"/> Oxygen deficient or enriched atmosphere	Water use <input type="checkbox"/> Spills
	Unload components As needed by and	Lifting cuts and bending		PPE share lifting loads if awkward always mindful of task				
	Place components around site in position of use	Lifting and bending		Each component not heavy take care use ppe as required				
	Bolt components together on the ground ready to lift	Bending lifting		PPE and get position comfortable to perform task				
	Lift screw piles and attach to machine	Lifting heavy		Heavy needs two people for lift				
	Locate screw pile	Water rough terrain Moving machine		Barricade area work plant and authorized people only Move around site competent operator with gradual notice hazards etc Water shallow but obstacles on lake bed care and footwear needed Keep Clear				
	Screwing pile into lakebed	Moving machinery						

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	Cutting excess columns	Sparks and working over water		Hot work permit PPE Battery tools		
	Install cross heads	Heavy Awkward Working in water		Two person lift and care required PPE As needed Water not deep OK		
	Install jetty framework Attach to crossheads	Heavy		Use gradall to lift into place Use slings PPE as needed Care taken moving machinery		
	Install timber tops	Working over water		Dropping gear in lake No major hazard identified PPE Care taken		
	General safety	Lifting carrying holding drilling Cutting All takes same care This is the work we perform each day without incident or delay we are comfortable doing these jobs a certain way and process The list is a brief outline there are many smaller task included in each subsection required to achieve an outcome		Always help each other as required Always use ppe as required We will be working off ladders as usual this as usual has its own challenges but with planning and care all ok PPE as require for job Hardhat gloves glasses etc Not a difficult job Not the first time for us We always help each other for the job to be done the safest way in the quickest and most productive time frame No Lost time injury for more than a year		
	Hot Days	Dehydration		regular breaks and drink plenty of water Long clothes required on this site so extra care required for hydration hot		

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				this week		
	Windy days	Rough water		Stop work if waves excessive		
	Working in water	Water Unseen objects Soft bank		Working in and around water Work with others Appropriate clothing and footwear required Sunscreen hat etc Get help if needed No power tools wary of others around		

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**JSEA/SWMS Signature Sheet**

I have been consulted regarding this JSEA/SWMS and have read, understand and agree with the contents

Name	Signature	Date	Name	Signature	Date
Shane McBurnie					

<p><b>8. Personnel Qualifications &amp; Experience:</b></p>       	<p><b>9. Personnel, Duties &amp; Responsibilities:</b></p>       	<p><b>10. Training Required to Complete Work:</b></p>       
<p><b>11. Engineering Details/ Certificates/ Regulatory Approvals/ Plant Registrations or Licenses:</b></p>       	<p><b>12. Codes of Practice, Legislation:</b></p>       	
<p><b>13. Plant/ Equipment:</b></p>       	<p><b>14. Maintenance Checks:</b></p>       	

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## HSE Performance Review Check Sheet

I have reviewed the Health, Safety & Environment performance of workers activities under this JSEA/SWMS and provided necessary feedback

Observation (add comments and circle observation code)	Observer Name		Signature	Date
	SAFE	UNSAFE		
	1 - Safe Act	3 - Unsafe Act		
	2 - Safe Condition	4 - Unsafe Condition		
	1 - Safe Act	3 - Unsafe Act		
	2 - Safe Condition	4 - Unsafe Condition		
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SAFE RETURN TO SERVICE or ENTRY VERIFICATION (Area or equipment is safe for use or re-entry)	Area / equipment is safe		Responsible Person Name/Role	Signature
	Area / equipment is NOT safe			
Please circle status below				
	SAFE	UNSAFE		Date