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| This SWMS is a site-specific statement that must include all workers in the development of this statement | | | | | | | | |
| **SWMS completed by (Name)** | |  | | | **SWMS Activity Description** | |  | |
| **Person responsible** for ensuring compliance with this SWMS: | |  | | | **Date:** | |  | |
| **Permit Types Required (if any):** | |  | | | **Location:** | |  | |
|  | | |
| **Item** | **Task**  **Tasks required to perform the activity in the sequence they are carried out** | **Hazards**  **Hazards that could cause injury or harm when the task is performed** | **Inherent Risk**  **The level of risk before control measure(s)** | **Risk Control Measures**  **Control measures required to eliminate or minimise the risk of injury arising from the identified hazard** | | **Residual Risk**  **The level of risk after control measure(s)** | | **Who is responsible?**  **People responsible to implement the control measures identified.** |
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| 2 |  |  |  |  | |  | |  |
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| 7 |  |  |  |  | |  | |  |
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| 9 |  |  |  |  | |  | |  |
| 10 |  |  |  |  | |  | |  |
| 11 |  |  |  |  | |  | |  |
| Have the SWMS been consulted (name and date)? | | | | | | | | |
|  | | | | | | | | |
| Training Required to Complete Work: | | | | | | | | |
|  | | | | | | | | |
| Certificate/WorkSafe Approvals: | | | | | | | | |
|  | | | | | | | | |
| Qualification Required to Complete Task: | | | | | | | | |

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| **This SWMS has been developed through consultation with our employees and has been read, understood and signed by all employees undertaking the works:** | | |
| Print Names: | Signatures: | Dates: |
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**Risk Methodology**

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| **RISK MATRIX** | | | | | | |
| **Likelihood** | **Almost Certain (5)** | **Moderate** | **Significant** | **Significant** | **High** | **High** |
| **Likely (4)** | **Moderate** | **Moderate** | **Significant** | **High** | **High** |
| **Possible (3)** | **Low** | **Moderate** | **Moderate** | **Significant** | **High** |
| **Unlikely (2)** | **Low** | **Low** | **Moderate** | **Significant** | **High** |
| **Rare (1)** | **Low** | **Low** | **Moderate** | **Moderate** | **Significant** |
|  |  | **Insignificant (1)** | **Minor (2)** | **Medium (3)** | **Major (4)** | **Severe (5)** |
|  |  | **Consequences** | | | | |

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| **Consequence Descriptors** | **Potential Consequence** |
| **(1) Insignificant** | Injury sustained, no treatment (or only First Aid); No LTI or Restrictive work / $0-1,000 /  Minimal impact (no disruptions) |
| **(2) Minor** | Injury sustained, medical treatment given; No LTI. May include Restrictive work / $1,000-10,000 /  Slight impact (disruptions up to 2hrs) |
| **(3) Medium** | Injury sustained & medical treatment given and/or hospital admission and/or LTI (<5 days lost) /  $10,000-50,000 / Moderate impact (disruptions up to 8hrs) |
| **(4) Major** | Injury or injuries sustained, medical treatment given, hospital admission and/or LTI (>5 days lost) /  $50,000-250,000 / Substantial impact (disruptions up to 24hrs) |
| **(5) Severe** | Permanent disability/disabilities, either partial or total, or fatality/fatalities occurred and/or LTI (>180 days lost) / $250,000+ / Significant impact (disruptions >24hrs) |

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| **Likelihood Descriptors** | **Potential Likelihood** |
| **(1) Rare** | Little chance of occurrence. Would require a combination of factors for the situation to result. The event has not known to have happened, but it is possible given the wrong circumstances |
| **(2) Unlikely** | Conceivable, occurrence would require multiple failures of systems and controls, but it would be remotely possible for the event to occur. |
| **(3) Possible** | Could happen, easy to imagine a feasible scenario where the situation could exist but it would be unusual for the event to occur. An event has probably occurred in the past. |
| **(4) Likely** | Not a certainty, but such an event is known to have occurred and represents a credible scenario. There is a good chance the event shall occur |
| **(5) Almost Certain** | Almost inevitable outcome, the event is expected to occur in most circumstances. A similar outcome may have arisen several times per year in the same activity, operation or location. |

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| **Immediate Control Actions** | |
| **Risk rating** | **Action Priority** |
| **High** | **RISK REQUIRES IMMEDIATE ATTENTION**  Stop Activity. Immediate control measures must be implemented & risk reduced prior to work recommencing.  Executive attention required to ensure risk rating is consistent with Crown objectives and key result areas |
| **Significant** | **RISK REQUIRES ATTENTION**  Temporary stoppage may be required and control measures must be implemented  General Manager attention required to ensure the risk rating is consistent with Crown objectives and key result areas |
| **Moderate** | **RISK IS MANAGEABLE**  Check current control measures and consider the implementation of additional risk controls  Line Manager attention required to ensure that risk controls are implemented |
| **Low** | **RISK IS ACCEPTABLE**  Manage by well-established processes/procedures  Line Manager attention required |