**Report all incidents immediately.**

**Complete a Take 5 prior to work. If additional risks (not covered in this SWP) are identified, complete a separate risk assessment in Riskware.**

**DO NOT PARTICIPATE IN / CARRY OUT ACTIVITY IF YOU ARE NOT PHYSICALLY / PSYCHOLOGICALLY CAPABLE.**

**Discuss any fitness for work requirements (e.g. fatigue, injury, illness and medication effects) with your Line Manager / Activity Supervisor.**

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| **ACTIVITY SPECIFIC CONTROLS** *Include controls identified in the risk assessment.*  *This section should contain concise information including, pre-start checks and key steps to work safely.*  *This section (including PPE) can be displayed as a quick reference sheet. E.g. attached to an item of plant / activity site.*  *<can be used to emphasise critical safety points in the process>* |

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| **PERSONAL PROTECTIVE EQUIPMENT** - *The following PPE is necessary to complete the task.* | | | | | |
| foot protection | safety vests | hearing prot | head protection | hand protection | dust mask |
| hair protection | safety apron | protective clothing | harness | safety goggles | face shield |

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| **SCOPE** *(detail who, what and when this SWP applies)* | | | | |
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| **RISKS** *(list the risks that are associated with this activity / plant / equipment)* | | | | |
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| **MINIMUM SKILLS / EXPERIENCE / QUALIFICATIONS** | | | | |
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| **SUPERVISION & MINIMUM NUMBER OF PERSONS** *(for the activity / equipment / plant to be used / conducted safely)* | | | | |
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| **EQUIPMENT & FACILITIES** *(Not including PPE – identified above. E.g. mobile phone, 1L of water per person, basic first aid kit)* | | | | |
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| **COMPLETION, HOUSEKEEPING, MAINTENANCE** *(if isolation is required - list method for de-energising the plant / equipment.)* | | | | |
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| **EMERGENCIES** *(Identify the types of emergency and the emergency response)* | | | | |
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| **COMPLIANCE REQUIREMENTS** *(Including licenses, approvals, permits)* | | | | |
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| **REFERENCES** (*Document resources that can be referenced for further information. Hyperlink if possible)* | | | | |
| WHS Regulations 2011 | | | | |
| ***Revision History*** | | | | |
| ***Version Number*** | ***Date*** | | ***Revision Author*** | ***Description of Changes*** |
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| **PERSONNEL PERFORMING TASK SIGN ON:** | | |
| *In signing on, I have read and understood my obligations to comply with the requirements of this SWP.*  *I have been provided with an opportunity to provide feedback on this SWP and I will advise my direct Manager / Supervisor in the event that additional hazards are identified.* | | |
| **NAME** | **DATE** | **SIGNATURE** | |
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