**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)* |
|  |
| **RISKS** *(list the risks that are associated with this activity / plant / equipment)* |
|  |  |
| **MINIMUM SKILLS / EXPERIENCE / QUALIFICATIONS** |
|  |
| **SUPERVISION & MINIMUM NUMBER OF PERSONS** *(for the activity / equipment / plant to be used / conducted safely)* |
|  |
| **EQUIPMENT & FACILITIES** *(Not including PPE – identified above. E.g. mobile phone, 1L of water per person, basic first aid kit)* |
|  |
| **COMPLETION, HOUSEKEEPING, MAINTENANCE** *(if isolation is required - list method for de-energising the plant / equipment.)* |
|  |
| **EMERGENCIES** *(Identify the types of emergency and the emergency response)* |
|  |
| **COMPLIANCE REQUIREMENTS** *(Including licenses, approvals, permits)* |
|  |
| **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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