# SAMPLE-SWMS | [Work Type] | [Work Location]

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOTE:** Work must be performed in accordance with this SWMS.  This SWMS must be kept and be available for inspection until the high-risk construction work to which this SWMS relates is completed. If the SWMS is revised, all versions should be kept.  If a notifiable incident occurs in relation to the high-risk construction work in this SWMS, the SWMS must be kept for at least 2 years from the date of the notifiable incident. | | | | | | | | |
| **[Business Name] | 08 #### #### | www.xxxxxxxxxx.com.au** | | | | **Principal Contractor (PC)** | | [Client/ Principal Contractor Name] | | |
| **Auditor:**  **Contact phone:** | [Auditor’s Name]  **M** #### ### ### | | | **Date SWMS provided to PC:** | | ## / ## / 2023 | | |
| **Work activity:** | X | | | **Workplace location:** | | X | | |
| **High risk work on or near roads:**  [select all that apply] | Hit by passing vehicles | | Falling objects (working under bridges/ platforms etc) | | | | Chemical exposure (fumes, dust, asphalt) | |
| Noise (proximity to grinders) | | Trips, slips, and falls (excavations, uneven surface) | | | | Electrocution (overhead, underground power) | |
| Weather conditions (heatstroke, sunburn) | | Poor visibility (sun glare, night, fog, rain) | | | | Fatigue (travel to and from remote locations) | |
| **Person responsible for ensuring compliance with SWMS:** | | [Name] **M** #### ### ### | | | **Date SWMS received:** | | | ## / ## / 2023 |
| **What measures are in place to ensure compliance with the SWMS?** | | X | | | | | | |
| **Person responsible for reviewing SWMS control measures:** | | [Name] | [Company]  Xxxx@xxxxxxx.xxx | | | **Date SWMS received by reviewer:** | | | ## / ## / 2023 |
| **How will the SWMS control measures be reviewed?** | | X | | | | | | |
| **Review date:** | | **Reviewer’s signature:** | | | | | | |

[INSTRUCTIONS & GUIDANCE: [231293\_br\_swms-highrisk.pdf (commerce.wa.gov.au)](https://www.commerce.wa.gov.au/sites/default/files/atoms/files/231293_br_swms-highrisk.pdf)]

SAMPLE TASKS, HAZARDS, RISKS AND TREATMENTS ONLY – AUTHOR TO COMPLETE WITH OWN ASSESSMENTS

|  |  |  |
| --- | --- | --- |
| **What are the tasks involved?** | **What are the hazards and risks?** | **What are the control measures?** |
| List the work tasks in a logical order. | Identify the hazards and risks that may cause harm to workers or the public. | Describe what will be done to control the risk. What will you do to make the activity as safe as possible? |
| Drive to site and back | Fatigue. Risk of crash at high-speed resulting in death. | **ELIMINATE**: Not Feasible.  **REDUCE**: Set maximum working hours on any one day, including driving, at 10.  45 min drive to and from Site and 1-2 hours on site early morning (dark). Reduce other day work to 5-hours. |
| Stopped or parked in hazardous location on site. | Risk of being hit by vehicles whilst manoeuvering, looking for safe place to stop and exiting the vehicle. | **ELIMINATE**: RTM to identify safe stopping locations, if required, 3 - 6 m away from moving vehicles.  **REDUCE**: Use flashing beacon on vehicle when slowing and stopping on approach to and departure from any stopping locations.  Wear High visibility Day/ Night clothing that complies with AS/ NZS 4602 when driving so that this is worn if required to exit the vehicle. |
| Inspecting the site. | Hit by vehicles whilst on foot. | **ELIMINATE**: Undertake as much of the inspection/ audit as possible by driving through the site in all directions in night time conditions using two forward facing and one rear facing GPS enabled dash-cams.  **REDUCE**: Never work within 3.0 m of trafficable lanes when walking this site unless it is necessary to inspect, measure or photograph something. In these instances, park in a safe location and request assistance, i.e., allocate the role of lookout/ spotter to other team member to allow for this work to be undertaken in gaps in traffic when advised to by the lookout/ spotter and only for a duration of less than 10 seconds with a minimum sight distance of 200 m to approaching traffic.  Wear High visibility clothing that complies with AS/ NZS 4602. |
| Trips, slips, and falls. | **ELIMINATE**: Undertake as much of the inspection/ audit as possible by driving through the site in all directions in night time conditions using two forward facing and one rear facing GPS enabled dash-cams.  **REDUCE**: Wear fully enclosed boots with a good tread and avoid walking on pea gravel, unstable and uneven surfaces and in close proximity to excavations. |
| Snake and insect bites. | **ELIMINATE**: Undertake as much of the inspection/ audit as possible by driving through the site in all directions in night time conditions using two forward facing and one rear facing GPS enabled dash-cams.  **REDUCE**: Wear fully enclosed boots, long trousers and long-sleeved shirts and avoid walking or entering areas of vegetation.  Carry a First Aid Kit with appropriate treatments and instructions for snake and insect bites. |
| Sunburn, heat exhaustion. | **ELIMINATE**: Undertake as much of the inspection/ audit as possible by driving through the site in all directions in night time conditions using two forward facing and one rear facing GPS enabled dash-cams.  Carry at least 1 litre of cold water in vehicle.  Carry a First Aid Kit with appropriate treatments and instructions. |
| COVID-19 | Becoming infected with, or transmitting, Covid-19. | **ELIMINATE**: Not Feasible.  **REDUCE**: Comply with COVID-19 Workplace and Site Visits Risk Assessment Policies. |
| Poor Visibility. | Sun glare during sunrise and sunset resulting in reduced visibility and crash or impact. Rain impacting vision and video records. | **ELIMINATE**: Remain on site until rain has stopped to allow for adequate vision and video recording.  **REDUCE**: Ensure windscreen is clean and carry cleaning products and material in vehicle to maintain this. |
| **Name of Auditor(s)** | | **Auditors signature(s)** |
| [Full Name] | |  |
| [Full Name] | |  |
| [Full Name] | |  |
| **Date SWMS received by workers:** | | [To be manually signed on-site on day or audit/ inspection] |

|  |  |  |
| --- | --- | --- |
| **Identified SWMS items to be brought to site** | **Confirmed and responsible person(s)** | |
| Accredited Personnel [e.g., RTM, Snr RSA] |  | [Full Name] |
| 2 forward facing and 1 rear facing GPS coordinated Dashcams |  | [Full Name] |
| Flashing beacon on vehicle |  | [Full Name] |
| Hi Vis clothing, long trousers, long sleeved shirts, enclosed boots (hard hat, gloves, and safety glasses available in vehicle) |  | [Full Name] |
| First Aid Kit with treatment and instruction for snake bites, insect bites, sunburn, and heat exhaustion |  | [Full Name] |
| At least 1 litre of water for each team member in vehicle |  | [Full Name] |
| Windscreen washing products |  | [Full Name] |
| This SWMS |  | [Full Name] |

# Appendix A VehIcle Pre-Start Form 1

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Pre start checklist is to be completed prior to commencing journey at the start of the day. | | | | | |  |  |
| Seat belts to be worn at all times. | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Vehicle Registration No | | |  |  | Vehicle Type: | |  |
| Date |  |  |  |  | ODO Out: | |  |
| Inspection/ audit by | |  |  |  | ODO Return: | |  |
|  |  |  |  |  |  |  |  |
| **Checklist** | |  |  |  |  | ü | Comment |
| **Tyres** - check they are in good condition, intact with rim. Look for visual wear or damage. Check Tyre Pressure. | | | | | |  |  |
| **Fluids** - check battery level, oil, and fuel. | | | | | |  |  |
| **Windows and Mirrors** - Ensure windows and mirrors are clean and properly adjusted and that the windscreen reservoir has sufficient liquid. | | | | | |  |  |
| **Lights and Switches** - Test to make sure they are all working, including indicators. | | | | | |  |  |
| **Seat belts** - are seatbelts in good working order and free from fraying. | | | | | |  |  |
| **Driver Adjustments** - Check driving adjustments such as seat and steering wheel. | | | | | |  |  |
|  |  |  |  |  |  |  |  |
| Signature: |  |  |  |  | Date: |  |  |
|  |  |  |  |  |  |  |  |