SH&E Work Method Statement (SH&EWMS)

Add company name, address & ABN

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| Project: | Project No : |
| Brief description ofWork activity : |
| **SH&EWMS NO:** | High risk activity (circle) Yes No | Work activity: |
| SH&EWMS Explained / communicated at a pre start briefing to all persons involved in the task prior to the commencement of work |
| Location: | Date : |
| Principal Contractor: | ABN: | Date to be reviewed: |
| Personnel responsible for monitoring activity: | Contact No: |
| **Legislation, Codes of Practice / Standards Consulted:** These must be complied with. | ADD LEGISLATION FOR YOUR STATE OR TERRITORY |
| **Permits required to** **Conduct works.** |  |
| **Plant and Equipment Required for this Activity:** |  |
| **Details of Maintenance Checks Required for this Activity:** | Prestart visual check on all equipment, tag out defects. Notify supervisor |
| **Materials Used:** |  |
| **MSDS Required? (Yes / No)** | **If poisoning occurs, contact** Poisons Information Centre **on 13 11 26.** |
| **Personnel Qualifications Required for this Activity:** Relevant state certification for task has been undertaken or plant being operated |  |
| **Specific Training Required for this Activity:** All personnel to have completed a Site Induction. Must be trained in this SH&EWMS and have all relevant certification for this task |  |

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| **Personnel consulted on development of SH&EWMS:**

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| --- | --- | --- | --- |
| Name | signature | Name | signature |
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aPPROVEd BY:  |  |
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| **1. Manager/Director.**Name |       | Signature: |  | Date: |       |
| **2. Or Nominated Representative.**Name.**Title.** |       | Signature: |  | Date: |       |

3. **Approved by Safety coordinator. Name………………………………. Signature ……………………….. Date** ……………………

Notes

* Safety Data sheets (SDS’s) for products used must be attached to the statement. The product must be part of the controls so it is

 risk assessed. The SDS sheet must be within a 5 year period.

* All accidents and incidents will be reported to the Principal Contractor as soon as practically possible.
* Any person who uses a safety harness as part of fall prevention must have attended “Height safety training” and able to produce confirmation. The person must not work alone and there must be a rescue plan in place and risk assessed as part of the controls measures.
* All plant must have a maintenance schedule, an operator’s manual to be on the machine & the operator appropriately certified. The required operator’s license type must be listed in the control measures.
* The SH&EWMS must be monitored at a predetermined period to confirm that the work is being carried out as described in the statement by using the attached check sheet, defects or non-compliance is noted & remedial actions taken to close them out. A copy will be forwarded to the Principal Contractor to verify compliance

Risk Assessment

**Evaluate the risks associated with the task, consider the hierarchy of control and score the consequence and the likelihood appropriately.**

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| **C = Consequence** | **L = Likelihood** | **Hierarchy of control** |
| **5 = Catastrophic.** Death, disablement, significant incident, unacceptable risk, significant financial cost. | **5 = Almost Certain.**Could occur in most circumstances. | **1 = Elimination.** Modify the process method or material to eliminate the hazard completely.**2 = Substitution** Replace the material, substance or process with a less hazardous one.**3 = Separate.** Isolate the hazard from the person by safeguarding or by space or time.**4 = Redesign / Engineering Controls.**Redesign or modify the plant or process to reduce or eliminate the risk**5 = Administration** Adjust the exposure time or conditions or process by training, procedure, signs etc.**6 = PPE.** Use appropriately designed and properly fitted equipment where other controls are not practicable or are accepted. |
| **4 = Major**. Extensive injuries leading to lost time, major risk-damage to plant and equipment, major financial cost for repairs / reinstatement. | **4 = Likely.**May probably occur in most circumstances. |
| **3 = Moderate.** Medical treatment, medium risk-damage to plant and equipment, medium financial cost for repairs / reinstatement. | **3 = Possible.**May occur at some time. |
| **2 = Minor.** First Aid treatment, minor risk-damage to plant and equipment, minor financial cost for repairs / reinstatement. | **2 = Unlikely.**Could occur at some time. |
| **1 = Insignificant**: No injuries, slight damage, low financial cost for repairs / reinstatement. | **1 = Rare.**May occur only in exceptional circumstances. |

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|  | **Consequences** |
| **Likelihood** | 5 = Catastrophic | 4 = Major | 3 = Moderate | 2 = Minor | 1 = Insignificant |
| 5 = Almost Certain | **25** | **20** | **15** | **10** | **5** |
| 4 = Likely | **20** | **16** | **12** | **8** | **4** |
| 3 = Possible | **15** | **12** | **9** | **6** | **3** |
| 2 = Unlikely | **10** |  **8**  | **6** | **4** | **2** |
| 1 = Rare | **5** | **4** | **3** | **2** | **1** |

**Hierarchy of Control**

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| **Highest Level of Control** | **Lowest Level of Control** |
| Elimination Isolation | Substitution | Engineering | Administration | Personal Protective Equipment |

| Activity Break the job down into steps | Potential Safety and Environmental HazardsWhat can go wrong | Risk Rating | Control Measures | Residual Risk Rating | Person ResponsibleTo ensure management method applied |
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| C  | P  | R | C | P | R |
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| **ENVIRONMENTAL CONTROLS.** |
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| The sh&ewms will be Reviewed after an incident of improvements from an audit. |
| Review No: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Name & Initials |       |       |       |       |       |       |       |       |       |
| Date: |       |       |       |       |       |       |       |       |       |

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| signoff |
| We the undersigned, confirm that the SH&EWMS nominated above has been explained and its contents are clearly understood and accepted. We also confirm that our required qualifications to undertake this activity are current. We also clearly understand the controls in this SH&EWMS must be applied as documented; otherwise work is to cease immediately. |
| Name | Qualification Required for this Activity | Signature | Date | Time | Employer |
|       |       |  |       |       |       |
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| **SH&EWMS INSPECTION SHEET** |
| **SH&EWMS Name** |  |
| **Location / Area:** |  |
| **Inspected by:** |  | **Position:** |  |
| **Signature:** |  | **Date:** |  |

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| **No.** | **Item** | **Finding** | **Comment** | **Date Defect Rectified** |
| 1 | Site inducted personnel |  |  |  |
| 2 | PPE being worn. |  |  |  |
| 3 | Falls from height. |  |  |  |
| 4 | Certified operators. |  |  |  |
| 5 | Trip hazards/house keeping |  |  |  |
| 6 | Falling objects. |  |  |  |
| 7 | Access/egress. |  |  |  |
| 8 | Electrical/generators. |  |  |  |
| 9 | Manual handling |  |  |  |
| 10 | Cranes/lifting equipment |  |  |  |
| 11 | Permits. |  |  |  |
| 12 | Access, work platforms. |  |  |  |
| 13 | Fire extinguishers. |  |  |  |
| 14 | SDS’s for products used. |  |  |  |
| 15 |  Barricading/signage. |  |  |  |
| 16 | Covering of penetrations |  |  |  |
| 17 | Cause Environmental damage. |  |  |  |

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| **Findings:** | Acceptable = ✓ | Unacceptable = x | Not Applicable = N/A |

 **No. Defects Noted. No. Close out Actions.**

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| **All defects closed out: Name. Signed.** |

**A copy will be forwarded to the principal contractor to verify inspections.**