

Job Safety and Environmental Analysis Safe Work Method Statement Worksheet

Site:	Bundalong									
Description of Work: Install jettes on site	Almost Certain (A)	High	High	High	Very High	Extreme	Extreme	JSEA Ref No.		
	Likely (B)	Medium	High	High	High	Very High	Extreme	Permit to Work Ref No.		
	Possible (C)	Medium	Medium	Medium	High	High	Very High	SWMS Required	Y / N	
	Unlikely (D)	Low	Medium	Low	Medium	High	High	SWMS Ref No.		
	Rare (E)	Low	Low	Low	Medium	Medium	Medium			

Developed By: Shane McBurnie	Date: 23/12/14	Reviewed By:	Date:
Approved By:	Date:		

Plant and Equipment	Electrical	Chemicals and Substances	Hierarchy of Controls
<input type="checkbox"/> Drawing in / Entanglement	<input type="checkbox"/> High Voltage	<input type="checkbox"/> Hazardous substances	Elimination Substitution Isolation Engineering Administrative Controls PPE
<input type="checkbox"/> Shearing / Cutting points	<input type="checkbox"/> Low Voltage	<input type="checkbox"/> Dangerous goods	
<input type="checkbox"/> Hot / Cold parts	<input type="checkbox"/> Working on or near live power	<input type="checkbox"/> Inadequate ventilation	
<input type="checkbox"/> Friction	<input type="checkbox"/> Damaged / Untagged leads	<input type="checkbox"/> Gases / fumes / dusts	
<input type="checkbox"/> Equipment Collapse	<input type="checkbox"/> Static electricity	<input type="checkbox"/> Asbestos	
<input type="checkbox"/> Trapped by moving parts	Manual Handling	<input type="checkbox"/> Biological hazards	
Slips, Trips, Falls	<input type="checkbox"/> Lifting / lowering	Mobile Plant	
<input type="checkbox"/> Cables, hoses, pipes	<input type="checkbox"/> Pushing / pulling	<input type="checkbox"/> Uneven surfaces	
<input type="checkbox"/> Uneven / slippery surfaces	<input type="checkbox"/> Carrying / dragging	<input type="checkbox"/> Interaction with people / plant	
<input type="checkbox"/> Obstacles in the way	<input type="checkbox"/> Repetition	<input type="checkbox"/> Limited vision / blind spots	
<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Awkward postures	<input checked="" type="checkbox"/> Overturning	
Work Area	Energy Sources	Falls From Heights	Safety Observer Required? Y / N
<input type="checkbox"/> Temperature extremes	<input type="checkbox"/> Fluids under pressure	<input type="checkbox"/> Unprotected edges	If so, list the permits
<input type="checkbox"/> Cramped workspace	<input type="checkbox"/> Items falling from height	<input type="checkbox"/> Fragile roof surfaces	
<input type="checkbox"/> Noise	<input type="checkbox"/> Air under pressure	<input type="checkbox"/> Steep walking surfaces	Permit to Work Required? Yes
<input type="checkbox"/> Working near / over water	Environment	<input type="checkbox"/> Unprotected holes	
<input type="checkbox"/> Emissions / fumes	<input type="checkbox"/> Emissions	Other	Hot work
Confined Spaces	<input type="checkbox"/> Energy use	<input type="checkbox"/> Fatigue (travel / task related)	
<input type="checkbox"/> Flammable/Toxic atmosphere	<input type="checkbox"/> Waste generation	<input type="checkbox"/> Dehydration	Rescue Plan Required? No
			If so, attach to or include

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	<input type="checkbox"/> Access / Egress <input type="checkbox"/> Oxygen deficient or enriched atmosphere	<input type="checkbox"/> Water use <input type="checkbox"/> Spills	<input type="checkbox"/> Slings/Lifting Attachments	within this SWMS		
Step	Activity	Hazards	Initial Risk Rating (Enter Initial Risk Rating and Score)	Risk Control Measures	Who is Responsible? The name of the person responsible to implement the control measure identified.	Final Risk Rating (Enter Final Risk Rating and Score)
	Unload components As needed by and	Lifting cuts and bending		PPE share lifting loads if awkward always mindful of task		
	Place components around site in position of use	Lifting and bending		Each component not heavy take care use ppe as required		
	Bolt components together on the ground ready to lift	Bending lifting		PPE and get position comfortable to perform task		
	Lift screw piles and attach to machine	Lifting heavy		Heavy needs two people for lift		
	Locate screw pile	Water rough terrain Moving machine		Barricade area work plant and authorized people only Move around site competent operator with gradual notice hazards etc Water shallow but obstacles on lake bed care and footwear needed Keep Clear		
	Screwing pile into lakebed	Moving machinery				

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	Cutting excess columns	Sparks and working over water		Hot work permit PPE Battery tools		
	Install cross heads	Heavy Awkward Working in water		Two person lift and care required PPE As needed Water not deep OK		
	Install jetty framework Attach to crossheads	Heavy		Use gradall to lift into place Use slings PPE as needed Care taken moving machinery		
	Install timber tops	Working over water		Dropping gear in lake No major hazard identified PPE Care taken		
	General safety	Lifting carrying holding drilling Cutting All takes same care This is the work we perform each day without incident or delay we are comfortable doing these jobs a certain way and process The list is a brief outline there are many smaller task included in each subsection required to achieve an outcome		Always help each other as required Always use ppe as required We will be working off ladders as usual this as usual has its own challenges but with planning and care all ok PPE as require for job Hardhat gloves glasses etc Not a difficult job Not the first time for us We always help each other for the job to be done the safest way in the quickest and most productive time frame No Lost time injury for more than a year		
	Hot Days	Dehydration		regular breaks and drink plenty of water Long clothes required on this site so extra care required for hydration hot		

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				this week		
	Windy days	Rough water		Stop work if waves excessive		
	Working in water	Water Unseen objects Soft bank		Working in and around water Work with others Appropriate clothing and footwear required Sunscreen hat etc Get help if needed No power tools wary of others around		

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HSE Performance Review Check Sheet

I have reviewed the Health, Safety & Environment performance of workers activities under this JSEA/SWMS and provided necessary feedback

Observation (add comments and circle observation code)	Observer Name		Signature	Date
	SAFE	UNSAFE		
	1 - Safe Act	3 - Unsafe Act		
	2 - Safe Condition	4 - Unsafe Condition		
	1 - Safe Act	3 - Unsafe Act		
	2 - Safe Condition	4 - Unsafe Condition		
	1 - Safe Act	3 - Unsafe Act		
	2 - Safe Condition	4 - Unsafe Condition		
	1 - Safe Act	3 - Unsafe Act		
	2 - Safe Condition	4 - Unsafe Condition		
	1 - Safe Act	3 - Unsafe Act		
	2 - Safe Condition	4 - Unsafe Condition		
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	2 - Safe Condition	4 - Unsafe Condition		
SAFE RETURN TO SERVICE or ENTRY VERIFICATION (Area or equipment is safe for use or re-entry)	Area / equipment is safe		Responsible Person Name/Role	Signature
	Area / equipment is NOT safe			
Please circle status below				
	SAFE	UNSAFE		Date