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| **COMPANY: DEWPOINT AIR** | | | | | | **SWM-### REV A: NAME** | | | | | | | | | | |
| **Project Name :**  **Principal Contractor:** |  | | | | | | | **Dewpoint Air Contact name and number:** | | | Silvio Fiorin: 0418 730 889  Robert Anderson: 0477 698 008  Jayce Hartas: 0448 997 017 | | | | | |
| **Project Address:** |  | | | | | | | **Activity Area / Location:** | | |  | | | | | |
| **Activity Description:** |  | | | | | | | **Work That is Deemed High Risk Construction Work:** | | |  | | | | | |
| **Trades / Companies Involved:** | Dewpoint Air  ☐ Controls  ☐ Duct Installation | | | | | | ☐ Electrical  ☐ Insulation | | | | | | ☐ Med Gas  ☐ Plumbing  ☐ Commissioning | | | |
| **Hazardous Chemicals Used:**  (MSDS & Risk Assessments must be included & referred to in the SWMS) |  | | | | | | | **Plant & Equipment Used:** (Operators manual info / risk assessment to be in SWM) | | |  | | | | | |
| **PPE Required:**  *(Tick as relevant)*  **Mandatory PPE (in bold):** | ☐ | Dust Mask (P2) | ☐ | | Hearing Protection | | | ☐ | Height Safety | | ☐ | Barricades (if req’d) | | | ☐ |  |
| ☐ | Respirator | ☐ | | Face Shield | | | ☐ | Safety Harness | | ☐ | Signage (if req’d) | | | ☐ | Extinguisher |
| **** | **Hard Hat** | **** | | **Safety Glasses/Goggles** | | | **** | **High Vis Shirt/Vest** | | **** | **Safety Boots** | | | **** | **Gloves** |
| **Maintenance / Prestart Checks Required:** | * Inspection of plant and equipment as per manufacture recommendation * User to carrier out pre-start checks prior to daily use * Test & Tagging of electrical equipment by qualified person | | | | | | | | |  | | | | | | |
| **Qualifications / Permits / Certificates Required:** | * General induction & training course (Blue Card). * User to be competently trained * Electrical licence required to inspect & tag electrical tools | | | | | | | | |  | | | | | | |
| **Training / Competencies / Supervision Required:** | * Induction into this SWM * Plant Familiarisation Training * Site Specific Induction * Emergency Response Training * HSR/Supervisor to monitor & sign off all training * Manual Handling | | | | | | | **Consultation Team:**  **Review Date:**  **PC Submission Date:**  **Start Date:**  **Next Review Date:** | | |  | | | | | |
| **Occupational Health, Safety or Environmental Legislation:** | QLD.WHS.ACT.2011  QLD.WHS.REG.2011  AS/NZS2430.HAZARD.AREA | | |  | | | | **Codes or Standards Applicable to the Works:** | | | COP2011.CONSULTATION  COP2011.MANAGER RISK  COP2011.FALLRISK | | | COP2013.PLANT.RISK  COP2011.MANUALTASK | | |

**Risk Matrix**

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| Perform a risk assessment for each hazard identified by:  (i) Determining the consequences (refer **Table 1**);  (ii) Determining the probability of the event occurring (refer **Table 2**);  (iii) Apply the values obtained from Tables 1 & 2 to the Qualitative Risk Matrix (**Table 3**) to obtain the resultant **Risk Score**. | | |
| **Table 1 – Consequence** | **Table 2 – Probability / Likelihood Risk Score** | |
| |  |  |  | | --- | --- | --- | | Level | People | Environment | | **1** | No Injuries – Incident report only | No environmental impact | | **2** | First aid treatment | On-site release immediately contained | | **3** | Medical treatment required | Off-site release contained with outside assistance | | **4** | Lost time injury or illness | Off-site release with no detrimental effect | | **5** | Fatality or permanent disability | Toxic release off site with detrimental effect | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Level | Descriptor | Description |  | Level | Descriptor | Description | | **A** | **Almost Certain** | The event is expected to occur in most circumstances |  | **VH** | **Very High** | **DO NOT PROCEED** | | **B** | **Likely** | The event will probably occur in most circumstances |  | **H** | **High** | **SUPERVISION** | | **C** | **Possible** | The event might occur at some time |  | **M** | **Medium** | **CHECK HOURLY** | | **D** | **Unlikely** | The event could occur at some time |  | **L** | **Low** | **CHECK WEEKLY** | | **E** | **Rare** | The event may occur only in exceptional circumstances |  |  | | | | |
| **Table 3 – Risk Level / Priority**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **LIKELIHOOD** | CONSEQUENCES | | | | | | **1** | **2** | **3** | **4** | **5** | | **A (almost certain)** | **M** | **H** | **H** | **VH** | **VH** | | **B (likely)** | **M** | **M** | **H** | **H** | **VH** | | **C (possible)** | **L** | **M** | **M** | **H** | **H** | | **D (unlikely)** | **L** | **L** | **M** | **M** | **H** | | **E (rare)** | **L** | **L** | **L** | **M** | **M** | | | **Hierarchy of Control**  **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 part or process to reduce or eliminate the risk.  **5 = Administration**  Adjust the exposure time of conditions or process by training, procedures / signs etc.  **6 = PPE**  Use appropriately designed and properly fitted equipment where other controls are not practicable or are accessed. |

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| **Safe Work Methods** | | | | | | | | | | |
| **No** | **Task** | **Potential Hazards** | **Potential Risk** | | | **Controls / Work Methods**  **1. Eliminate 2. Substitute 3. Isolate 4. Engineer**  **5. Admin 6. PPE** | **Responsible person/s** | **Residual Risk** | | |
| **L** | **C** | **R** | **L** | **C** | **R** |
| 1 | Arrival & Set Up | Unidentified Site Hazards to  Plant & People  Unfamiliar Site Conditions | B | 4 | H | Attend Principal Contractors Site Specific Induction inc emergency procedures.  Attend Dewpoint Air Site Specific Induction.  Read, understand & sign off all applicable JSEA/SWMS relating to works  Carry out all applicable risk assessments on work area,  pre-start checks, obtain any applicable Permits including Working at Height Permits and Hot Work Permit (Angle Grinder) as required under the Principal Contractor Safety Plan.  **Emergency Procedure – All personnel are to ensure that the site specific emergency procedure, which is outlined at the site inductions, is followed at all times.** | Supervisor/  Worker | E | 4 | M |
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| **Safe Work Methods** | | | | | | | | | | |
| **No** | **Task** | **Potential Hazards** | **Potential Risk** | | | **Controls / Work Methods**  **1. Eliminate 2. Substitute 3. Isolate 4. Engineer**  **5. Admin 6. PPE** | **Responsible person/s** | **Residual Risk** | | |
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| **Safe Work Methods** | | | | | | | | | | |
| **No** | **Task** | **Potential Hazards** | **Potential Risk** | | | **Controls / Work Methods**  **1. Eliminate 2. Substitute 3. Isolate 4. Engineer**  **5. Admin 6. PPE** | **Responsible person/s** | **Residual Risk** | | |
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|  |  |  |  |  |  | Note : All electrical equipment must have current test tags and RCD protection. |  |  |  |  |
|  |  |  |  |  |  | Note: The dragging of duct is strictly forbidden. If duct is too heavy to be carried comfortably, mechanical means shall be used, such as sack trolleys or pallet jacks. |  |  |  |  |

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| **Safe Work Methods** | | | | | | | | | | |
| **No** | **Task** | **Potential Hazards** | **Potential Risk** | | | **Controls / Work Methods**  **1. Eliminate 2. Substitute 3. Isolate 4. Engineer**  **5. Admin 6. PPE** | **Responsible person/s** | **Residual Risk** | | |
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| **Methods for monitoring and reviewing effectiveness of chosen control measures** | | | |
| Workers: Follow this SWM procedure & report hazards. Subcontractor task additions/amendments for this SWM to be submitted by JSA and signed off on.  Supervisor: All SWMS are to be monitored on site using Task Observations (intervals max 3mths), reviewed in consultation at Toolbox Talks and recorded on the below Observation Log. All applicable workers will be re-inducted into the SWMS in the event of amendments/revisions being made.  The Site Supervisor (as listed on page 1 or as delegated from time to time by the Site Supervisor) is responsible for ensuring the implementation, monitoring and compliance of this SWM | | | |
| **I acknowledge that I have been trained in the SWMS listed above, the controls are clearly understood, my qualifications are current to undertake the activity, I will comply with the SWMS and I have been consulted and had the opportunity to input into the SWMS. If at any stage the controls or methods identified can be improved I know I have the right to engage in further consultation in amending this SWM or submitting a subcontractor JSA for inclusion/approval into this SWM.** | | | |
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| **Print Names** | **Company / Trade / Position** | **Signature** | **Date** |
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| **Monitoring & Review of SWMS Use and Effectiveness** | | | | | | |
| **Observation Log** | **01** | **02** | **03** | **04** | **05** | **06** |
| **Initial:** |  |  |  |  |  |  |
| **Date:** |  |  |  |  |  |  |