

ORGANISATION DETAILS

Department or Division	
Activity	
Site	
Location or Address	
Person undertaking the activity	
Contact mobile phone number	
SWMS Author and date	
SWMS Approved by	
Signed & date	

RISK RATING MATRIX

LIKELIHOOD	CONSEQUENCE			
	Death/permanent disability	Serious injury (hospitalised), lost time	Minor injury, first aid administered	No injury, but incident recorded
Will almost certainly happen/has happened before	Extreme	High	High	Medium
Will probably happen at some time	High	High	Medium	Medium
Could happen at some time	High	Medium	Medium	Low
Might happen but only rarely	Medium	Medium	Low	Low

Risk Categories and Response

- Extreme - Under no circumstances cause exposure to such a hazard
- High - cease exposure to hazard immediately, until protection and procedures approved by manager are implemented
- Medium - procedures and protection may be enough, hazard and risk should be discussed with manager
- Low - risk may be managed by procedures and protection

RISK IDENTIFICATION AND CONTROLS - *EXAMPLE*

ACTIVITY	POSSIBLE HAZARD	INITIAL RISK	RISK CONTROL MEASURE	CONTROLLED RISK
Standard procedure				
Working outdoors	Exposure to the elements (sun, heat, cold, wet, windy)	Medium	Undertake works in dry, mild weather where possible. Manage workload in response to very hot (or cold) weather, staying hydrated with cold water (or hot drinks). Wear appropriate PPE to avoid heat stroke, sunburn and cold. Wear sunscreen.	Low
Working outdoors	Slips, trips and falls	Medium	Take care walking on uneven ground – don't run. Wear sturdy boots or closed shoes.	Low
Working outdoors	Dust from unsealed paths or disturbed ground	Medium	Avoid work on windy days. Wear appropriate eye protection such as glasses, goggles or wrap around sunglasses.	Low
Working under trees	Limb fall	Medium	Avoid work on windy days. Use arboricultural expertise to avoid working under limbs with poor structure. Wear protective clothing to prevent injury.	Low

Other Hazards Identified Following Daily Pre-Start Meeting

ACTIVITY	POSSIBLE HAZARD	INITIAL RISK	RISK CONTROL MEASURE	CONTROLLED RISK

SPECIFIC TASK REQUIREMENTS

Qualifications & industry safety certificates	
Experience	
Relevant Codes of Practice, Legislation or Standards	<ul style="list-style-type: none"> • Occupational Health and Safety Act 2004 • Occupational Health and Safety Regulations 2007
Plant/equipment	

Daily Pre-Start Checklist

1. Are all workers present during the pre-start meeting? Yes No
2. Are all staff wearing the correct PPE for this activity? Yes No
3. Are today's weather conditions hazardous for this activity? Yes No
4. Are there any additional risks on site today that require additional controls that have not been identified by the Risk Identification table? Yes No

If yes to item 4, detail these in the spare space on the Risk Identification table, and ensure controls are in place that lower the risk rating to 'Low'.

If this cannot be achieved, do not proceed with the activity.

Answers to questions 1 & 2 must be 'yes', and question 3 must be 'no' before works can commence.

This Safe Work Method Statement has been developed in consultation and has been read, understood and signed by all workers undertaking the activity, EACH DAY THAT THE ACTIVITY IS UNDERTAKEN:

PRINT NAME	SIGNATURE	DATE