| ddress | ABI |
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SAFE WORK METHOD STATEMENT

| Date Safe Work Method Statement prepared: | | | | | Date work to be commenced: | | | | 1 1 | | | | | |
|--|-----------------------------|----------------------|---------------|--------------|---|---------------------------------------|---------------|--------------|-----------------------|-------------------------------|------------|--------------------------|---------|----|
| Work activity | /(task): | Using a Terra | Trencher | | | | SWMS No.:1 | I | Prepar | ed By: | | | | |
| Site / Project | :: | | Site / F | Project No.: | | | Supervisor | of the Work | activity | (task): | | | | |
| Chemical S | ubstance | s – Note down | any chemic | al substance | es involved in t | his activity | 1 | | | | | | | |
| MSDS No. | Substance Name (Trade Name) | | | | | Estimated quantity required for task? | | | uantity Juired for | Is this a hazardous substance | | | | |
| | | | | | | | | | | | | | Yes □ N | |
| | | | | | | | | | | | | ☐ Yes ☐ No ☐ Yes ☐ No | | |
| | | | | | | | | | | | | | 100 🗆 1 | 10 |
| Have the co | ontrols id | entified within | the substan | ce risk asse | essment been in | ncorporate | d into this S | WMS? | | | ⊔ Ye | s □ No | | |
| | | <u> quipment – R</u> | | | | | | | | | | | 1 | · |
| Uniform | Footwea | r High Vis' | Hard Hat | Eyewear | Face Shield | Fall Arres | t Gloves | Hearing | Dust | Mask | Respirator | Knife | | |
| | | | (LY | | | | | | 6 | 3 | | | | |
| | X | X | | X | X | | Х | X | | | | | | |
| Personnel qualification & experience required: Verification of Competency Using a Terra Trencher | | | | | Plant, equipment & materials to be used and the maintenance checks to be completed: | | | | | • | | | | |
| Supervision | of Appren | ices and other p | personal requ | irements: | | | Permits e.g. | . confined s | paces, h | ot work | etc: | | | |
| Legislation, o | codes of p | ractice, standar | ds applicable | : | | | Warning sig | ıns and con | trol mea | sures: | | | | |

| Risk Rating Matrix | | LIKELIHOOD LEVEL (REFER LIKELIHOOD MATRIX) | | | | | | |
|--------------------|---------------|--|----------|-----------|-----------|-------------|--|--|
| | | RARE | UNLIKELY | POSSIBLE | LIKELY | VERY LIKELY | | |
| CH | CATASTROPHIC | High/7 | High/6 | Extreme/5 | Extreme/3 | Extreme/1 | | |
| ENCE | MAJOR | Medium/6 | High/5 | High/4 | Extreme/4 | Extreme/2 | | |
| EQU | MODERATE | Low/7 | Medium/5 | High/3 | High/2 | High/1 | | |
| CONSE | MINOR | Low/6 | Low/4 | Medium/4 | Medium/3 | Medium/1 | | |
| 8 | INSIGNIFICANT | Low/5 | Low/3 | Low/2 | Low/1 | Medium/2 | | |

| ITEM | WHAT ARE THE BASIC STEPS (List steps in logical sequence & include materials, equipment etc) | POTENTIAL HAZARDS (What may cause an injury/illness to occur) | RISK RANKING (E) (H) (M) (L) | HAZARD CONTROLS (What controls can be put in place to prevent an injury/illness) N.B. Control measures must not raise or create an increased risk | Residual Risk (E) (H) (M) (L) | WHO WILL ENSURE THAT THIS IS DONE |
|------|--|---|---|--|--|--|
| 1. | SITE INDUCTION | No understanding of the dangers associated with the work environment eg heat, fire and fauna. | M4 | Site Induction carried out by Supervisor | L2 | Supervisor |
| | | | | Employees to be aware of the nominated evacuation point in the event of an evacuation. | | |
| | | | | Employees to be aware of the location of the site First Aid kit in case of an injury. | | |
| | | | | Employee is to be made aware of the work environment hazards. | | |
| | | | | Standard Site Requirements – long pants, High visibility long sleeve shirt, Safety Boots, Hard Hat, Safety glasses and gloves. Hearing | | |
| | | | | protection to be worn when required by task – be aware of | | |

| ITEM | WHAT ARE THE BASIC STEPS (List steps in logical sequence & include materials, equipment etc) | POTENTIAL HAZARDS (What may cause an injury/illness to occur) | RISK RANKING (E) (H) (M) (L) | HAZARD CONTROLS (What controls can be put in place to prevent an injury/illness) N.B. Control measures must not raise or create an increased risk | Residual Risk (E) (H) (M) (L) | WHO WILL ENSURE THAT THIS IS DONE |
|------|--|---|---|---|--|---|
| 2. | COMMUNICATING SAFETY ISSUES | Employees unaware of new safety issues Management not being aware of | M/4 | other people in the immediate vicinity. • Employee to be made aware of the responsible person to report abnormalities. • Do not remove any significant flora, fauna and cultural finds while undertaking works. • All fuel, chemicals and gases to be stored in a controlled area to contain them from leaking into the environment. • All deliveries/site vehicles must follow site Traffic Management Plan • Ensure current OHS issues identified / developed are communicated to the management team. | L/3 | Supervisor |
| 3. | ENTERING WORK ENVIRONMENT | Falling/Tripping over rubbish Cuts / abrasions Wet / Cold Weather Sunburn / Sun stroke Being struck by moving Vehicles Falling Objects Dangerous situations | M/5 | Watch where you walk ensure rubbish and debris is cleaned up regularly. Ensure debris and rubbish is clear of nails or sharp edges. Use observer assistance when required. Be aware of barricades and safety signs in and around the work area, do not work in or remove any barricade if you do not have permission. | L/3 | See the names and signatures of those responsible for the implementation of these risk controls on the last page of this document |

| ITEM | WHAT ARE THE BASIC STEPS (List steps in logical sequence & include materials, equipment etc) | POTENTIAL HAZARDS (What may cause an injury/illness to occur) | RISK RANKING (E) (H) (M) (L) | HAZARD CONTROLS (What controls can be put in place to prevent an injury/illness) N.B. Control measures must not raise or create an increased risk | Residual Risk (E) (H) (M) | WHO WILL ENSURE THAT THIS IS DONE |
|------|--|--|---|--|---------------------------------------|--|
| 4 | LOCATE SERVICES ALL SERVICES | Physical injury as a result of coming into contact with live electrical circuits/gas | E/5 | Ensure current Dial Before You Dig on site and Follow excavation permit if issued and reviewed by Management Positively identify all services in vicinity of proposed excavation Use only trained personnel experienced | H/7 | All persons signed onto this document. |
| 5 | SET UP PLANT (Failure to effectively control vehicle movement through (or adjacent to TMP | Physical Injury as a result of being struck by / striking plant or equipment | E/5 | Follow instructions as per SWMS/complete plant inspections and complete logbooks | М | All persons signed onto this document. |
| 6 | PLANT TO BE USED FOR WORKS Using a Terra Trencher | Plant fails and contacts ground person causing serious injury and possibly death. | E/5 | All personnel are to undergo the training prior to commencing work All plant operators to possess appropriate certification for operating items of plant .and have completed a VOC Initial Clearance & Plant Risk Assessment to be received by person engaging contractor prior to plant starting work. All ground personnel to ensure they do not enter the plant's works area without the operator knowing they are there. Plant and equipment checklists to be filled out prior to work | H/7 | All persons signed onto this document |

| ITEM | WHAT ARE THE BASIC STEPS (List steps in logical sequence & include materials, equipment etc) | POTENTIAL HAZARDS (What may cause an injury/illness to occur) | RISK RANKING (E) (H) (M) (L) | HAZARD CONTROLS (What controls can be put in place to prevent an injury/illness) N.B. Control measures must not raise or create an increased risk | Residual Risk (E) (H) (M) (L) | WHO WILL ENSURE THAT THIS IS DONE |
|------|---|---|---|---|--|--|
| 7 | SET UP BARRICADING (Failure to control of public interface) (Failure to effectively control vehicle movement through (or adjacent to) worksite) | Physical injury to member of public as a result of slip / trip / fall | E/5 | Barricading of the site Regular worksite inspections | H/7 | All persons signed onto this document. |
| 8 | HOUSEKEEPING/MANUAL HANDLING | Physical injury as a result of slip / trip / fall incident Physical injury as a result of manual handling while undertaking underground installation | H/4 | Good housekeeping standards Regular worksite inspections" Lifting tools provided for removing pit lids Lifting devices provided on most trucks for heavy items Workers to be understand the hazards of Manual Handling | L/4 | All persons signed onto this document. |
| 9 | INSTALL NEW CONDUITS/ FAILURE TO APPROPRIATELY MANAGE HAZARDOUS CHEMICALS ON-SITE | Injury or Illness as a result of hazardous chemicals used on-site Cuts to limbs | H/4 | Limited quantities of chemicals kept on site. Wear gloves when cutting conduct/cable Clipsal PVC Cement N Blue Glue MSDS kept on site and exposure controls followed Do not breathe vapour. Avoid contact with skin and eyes. Wear suitable protective clothing, gloves and eye/face protection. | M/5 | All persons signed onto this document. |
| 10 | BACKFILL (FAILURE TO EFFECTIVELY MANAGE HABITAT) | Erosion as a result of excavation and weather conditions Impact as a result of removing flora or fauna habitat | M/4 | All back filling is to be compacted and is to comply to client requirements All area that had grass is to be replaced with seed. Areas of sensitive habitat identified as part of design | L/4 | All persons signed onto this document. |

| ITEM | WHAT ARE THE BASIC STEPS (List steps in logical sequence & include materials, equipment etc) | POTENTIAL HAZARDS (What may cause an injury/illness to occur) | RISK RANKING (E) (H) (M) (L) | HAZARD CONTROLS (What controls can be put in place to prevent an injury/illness) N.B. Control measures must not raise or create an increased risk | Residual Risk (E) (H) (M) (L) | WHO WILL ENSURE THAT THIS IS DONE |
|------|--|--|---|---|--|--|
| | | | | process/Environmental assessment | | |
| | | | | Remove any waste spoil that cannot be used | | |
| 11 | REMOVE BARRICADING, CLEAN-UP & DEPARTURE (VEHICLE SAFETY LEAVING SITE) | Personal injury as a result of motor vehicle crash | E/5 | Drivers are appropriately licenced and receive additional training in the vehicle type that they drive. | L/7 | All persons signed onto this document. |

| Workers Completing Task: | | | | | | | | | | |
|---------------------------|------------|------------|-------|------|-----------|------------|----------|-------|-------|--|
| Name: | Signature: | Position: | Date: | Name | е | Signature: | Position | : | Date: | |
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| Reviewed and approved by: | | | | | | | | | | |
| Name: | | Signature: | | | Position: | | | Date: | 1 1 | |