

SAFE WORK METHOD STATEMENT (SWMS) FORM

1.1 SAFE WORK METHOD STATEMENT (SWMS) DETAILS

ACTIVITY / TASK	Brick and Block Work		
SWMS REFERENCE NO.	4	SWMS VERSION NO.	1a
		DATE OF CURRENT VERSION	8/06/2018

1.2 PROJECT DETAILS

PROJECT TITLE:	
PROJECT ADDRESS:	

1.3 PERSON CONDUCTING THE BUSINESS OR UNDERTAKING (PCBU) DETAILS

CONTRACTOR	A.Gabrielli Constructions	CONTRACTORS ABN	29 088 090 279
CONTRACTOR ADDRESS	336 Woolcock St, Garbutt QLD 4814 PO Box 8143, Garbutt, 4814		
SUPERVISOR NAME		POSITION / TITLE	
CONTACT TEL NO.		SIGNATURE	

1.4 SENIOR MANAGEMENT / DIRECT MANAGER APPROVAL - Refer Delegations (Where Residual Risk remains as High or Very High after Control Measures identified)

NAME	Bernie Travers	POSITION / TITLE	Construction Manager
DATE		SIGNATURE	

1.5 PERSON CONDUCTING THE BUSINESS OR UNDERTAKING (PCBU) PRINCIPAL CONTRACTOR / CUSTOMER DETAILS (IF APPLICABLE)

PRINCIPAL CONTRACTOR	As above	NAME OF REPRESENTATIVE	
DATE SWMS ACCEPTED		POSITION / TITLE	
CONTACT TEL NO.		SIGNATURE	

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1.6 PPE TO BE WORN BY ALL PERSONS UNDERTAKING THIS TASK

High Visibility	Head Protection	Foot Protection	Hearing Protection	Eye Protection	Face Protection	Hand Protection	Protective Clothing	Breathing Protection	Other
 ☒	 ☒	 ☒	 ☒	 ☒	 ☐	 ☒	 ☐	 ☐	☐ If other list below
Day Operations – Normal Requirements: Safety footwear with non-slip soles, hearing protection, high visibility shirt or vest if required, hard hat and sun protection if required (broad brim hat, sun screen, tinted safety glasses), eye protection (goggles), face protection, hand protection (gloves).									
Head Protection: (hard hats) shall be worn whenever overhead risks are present including during boom pump operations.									
Foot Protection: (safety boots/shoes) Good footwear with non-slip chemical resistant sole and fitted with steel toe caps must be worn.									
Hearing Protection: (ear muffs/earplugs) Operators and assistants must wear suitable hearing protection when noise levels increase to above 85db such as when grinding.									
Eye Protection: (goggles/glasses/Perspex screens) Suitable eye protection must be worn, Safety glasses must be worn at all times when working with steel mesh and the wire.									
Full Face Mask: Must be worn when contact with the face is foreseeable by a worked product. When grinding dual eye protection consisting of full face mask plus safety glasses must be worn.									
Hand Protection: leather riggers gloves shall be worn whenever doing a manual task.									
Arms, Legs and Body Coveralls: Made from anti-static material must be worn to avoid risk of static spark and to protect the skin from contaminating from worked product and general cuts and bruises.									
Respirators: Must be worn when a hazardous product may be inhaled. Cement in bags contains silica. If using cement/concrete from bags a suitable respirator (type1) shall be worn.									
OTHER:									

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1.7 PLANT AND EQUIPMENT

- Where relevant, plant is registered with the statutory authority, and where relevant, the plant's design is registered with the statutory authority
- Plant is fit for purpose, inspected, maintained, serviced, repaired in accordance with manufacturer's / supplier's instructions or other specified standard representing good practice.
- Plant is accompanied by manufacturer's / supplier's instructions or other specified standard representing good practice and is available to the operator / user.
- Where relevant, the operator of the plant is licenced by the statutory authority.

PLANT REGISTER REFERENCE NO.	PLANT / EQUIPMENT REQUIRED TO UNDERTAKE THE TASK	USED ON PROJECT	REGISTRATION NO	CERTIFICATE NO	PLANT RISK ASSESSMENT COMPLETED	PRE- DELIVERY INSPECTION COMPLETED
		☐			☐	☐
		☐			☐	☐
		☐			☐	☐
		☐			☐	☐
		☐			☐	☐

1.8 HAZARDOUS CHEMICALS

- Hazardous chemicals to be used during the activity shall have a Hazardous Chemicals Risk Assessment completed prior to use.
- The materials shall be registered on the Hazardous Chemicals Register

HAZARDOUS CHEMICALS REQUIRED TO UNDERTAKE THE TASK:	USED ON PROJECT	UN NUMBERS	DG NUMBERS	RISK ASSESSMENT COMPLETED	SDS PROVIDED
	☐			☐	☐
	☐			☐	☐
	☐			☐	☐
	☐			☐	☐

COPY AND ATTACH ADDITIONAL PAGES IF REQUIRED

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1.11 STANDARDS OF GOOD PRACTICE

LEGISLATION APPLICABLE TO THIS WORK	Work Health & Safety Act 2011 Work Health & Safety Regulations 2011
CODES OR OTHER STANDARDS APPLICABLE TO THIS WORK	Risk Management ISO 31000:2009 CoP Children and Young Workers CoP Concrete Pumping CoP Confined Spaces CoP Excavation Work CoP First Aid in the Workplace CoP Formwork CoP Hazardous Manual Tasks CoP How to Manage Work Health and Safety Risks CoP Labelling of Workplace Hazardous Chemicals CoP Managing Risks of Hazardous Chemicals in the Workplace CoP Managing Risks of Plant CoP Managing the Risk of Falls at Workplaces CoP Scaffolding CoP Steel Construction CoP Work Health and Safety Consultation, Co-operation and Co-ordination

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1.12 HAZARD IDENTIFICATION, RISK ASSESSMENT AND CONTROL OF ACTIVITY (HIRAC)

ACTIVITY / TASK / JOB STEP	HAZARD / RISK	INTRINSIC RISK			HAZARD CONTROLS	RESIDUAL RISK			RESPONSIBLE PERSON (WHO IMPLEMENTS)
		L	C	R		L	C	R	
General Planning	HAZARD								
	Inadequate training causing task specific injuries.	5	16	H21	➤ Check that employees and/or contractors are competent to complete the required task. ➤ Consult with the relevant employees/contractors. ➤ Check that there is adequate, competent supervision.	1	6	L7	SITE SUPERVISOR
	Inadequate consultation causing task specific injuries.	5	16	H21	➤ Check that employees/contractors are using the appropriate equipment. ➤ Check that access to the work area is not cluttered.	1	6	L7	SITE SUPERVISOR
	Inadequate planning causing task specific injuries.	5	16	H21	➤ Check that there is adequate access for bricklayers and their equipment. ➤ Provide adequate lighting to the workplace, especially in basements and other enclosed areas. ➤ Check that access ways are suitably defined and lit.	1	6	L7	SITE SUPERVISOR
	Poor access to work areas putting workers	5	16	H21		1	6	L7	SITE SUPERVISOR
	Slips, trips and falls resulting in sprains and strains, and manual handling injuries, e.g. back damage.	5	16	H21		1	6	L7	SITE SUPERVISOR
	Insufficient lighting resulting in worker walking into objects or projections	5	16	H21	➤ Check that the work area is adequately ventilated and that fuelled equipment as the appropriate safety equipment attached.	1	6	L7	SITE SUPERVISOR
	Lack of adequate ventilation causing illness and breathing difficulties from being overcome by fumes.	5	16	H21	➤ Check that employees/contractors are wearing appropriate PPE. The minimum standard is 30 + sunscreen, long-sleeved shirt, hard hat with a flap at the back, and AS rated sunglasses.	1	6	L7	SITE SUPERVISOR
	Working at heights near the edge causing a fall from height	5	21	VH26		1	11	M12	SITE SUPERVISOR
	Penetrations resulting in a worker falling.	5	21	VH26		1	11	M12	SITE SUPERVISOR
	Exposure to sunlight and glare, causing skin cancer, sunburn and eye damage.	5	16	H21		3	6	L9	SITE SUPERVISOR

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		L	C	R		L	C	R	
Loading And Unloading Of Materials	HAZARD								SITE SUPERVISOR
	➤ Load incorrectly slung or incorrect lifting equipment used which may result in material or objects falling or moving unexpectedly.	5	21	VH26	➤ Choosing of lifting equipment will be made by trained personnel. Loads will only be slung by trained workers.	1	11	M12	
	➤ Lifting equipment failure which may result in material or objects falling.	5	21	VH26	➤ Lifting equipment will be maintained with records kept. Unsafe Lifting equipment will be immediately removed from service.	1	11	M12	
	➤ Plant not suitable for lift which could result in falling objects or rollover of plant.	5	21	VH26	➤ Manufacturer's instructions for lifting will be followed at all times. Ensure the equipment is suitable for lifting loads.	1	11	M12	
	➤ Workers too close to the lifted load which could result in person injury.	5	21	VH26	➤ All workers must be clear of load before lifting. Load must not be lifted over a worker. Guide ropes will be used where necessary to place loads.	3	11	M14	
	RISK								
	➤ Serious Injury								
	➤ Death								
	➤ Damage to Equipment								
	➤ High financial loss								

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ACTIVITY / TASK / JOB STEP	HAZARD / RISK	INTRINSIC RISK			HAZARD CONTROLS	RESIDUAL RISK			RESPONSIBLE PERSON (WHO IMPLEMENTS)
		L	C	R		L	C	R	
Storage And Transporting Of Materials On Site	HAZARD ➤ Inadequate storage area which may result in materials stored in an inappropriate way and possible injury to workers. ➤ Poor positioning of materials which may result in a person being tripped or injured. ➤ Using incorrect Manual Handling techniques which may result in an injury. ➤ Unclear access which may result in injury to worker or other workers in close proximity.	5	11	M16	➤ Consult with the principal contractor to ensure a storage area is provided with suitable area for the materials being stored. Should the assigned area be insufficient to safely store all materials, contact the site supervisor to arrange an alternative storage area. ➤ All materials are to be stored in the area assigned by the principal contractor, and must not, at any point, extend outside the assigned area. If necessary, barricading may be used to limit access to the storage area, and provide visual boundaries. ➤ Materials delivered to site in bulk to be unloaded by mechanical means wherever possible. i.e. crane. Unload materials and tools as close as possible to point of use. ➤ Utilise mechanical manual handling devices where practical. Workers will be given instruction and training on safe lifting techniques and manual task hazards. Avoid lifting large, heavy and awkward loads. Ensure adequate resources to do task. Use PPE. ➤ Ensure access ways are kept clean of materials and rubbish at all times. Clean up work area before leaving.	3	6	L9	SITE SUPERVISOR
		5	11	M16		1	6	L7	
		7	11	M18		3	11	M14	
		5	11	M16		1	11	M12	
Storing And Working With Hazardous And Dangerous Substances	RISK ➤ Minor Injury ➤ Loss of equipment ➤ Serious Injury Crushing injuries				HAZARD ➤ Incorrect storage of hazardous substances that could result in				SITE SUPERVISOR
		5	21	VH26		3	11	M14	

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		L	C	R	CONTROL			L	C	R	
	injury to workers or other persons. ➤ Exposure to Hazardous Substances that could result in injury to workers and other persons. ➤ Leakage/Spillage that could result in personal injury or fire. RIS ➤ Fire ➤ Serious Injury ➤ Death Environmental Contamination	5	21	VH26	Check containers for damage upon arrival on site. Ensure containers are adequate for substance and quantity, Ensure storage is well ventilated. ➤ Use PPE in accordance with MSDS. Workers will be trained and supervised in handling and use of hazardous substances. ➤ Use non-flammable substances where possible. Contain spills with sand and earth. No Smoking when using or working near flammable substances. Provide firefighting equipment. (extinguishers)			3	11	M14	
		5	21	VH26				3	11	M14	
Working From Work Platform – Fixed Or Mobile	HAZARD ➤ Working at heights on trestles and planks where there is a possibility of a person falling which could	5	21	VH26	➤ Ensure the planks are in good condition. Ensure the appropriated number of planks for the work being undertaken. Ensure the trestle ladders are secured where required. Ensure edge protection is erected where required.			3	11	M14	SITE SUPERVISOR

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		L	C	R		L	C	R	
	- result in worker injury or damage to plant. - Working at heights in mobile platforms where there is a possibility of a person falling which could result in worker injury or damage to plant. - Movement of mobile plant around work area that may result in injury to workers or damage to plant. - Loose material that could fall injuring workers which could result in people or plant being injured or damaged. - Incorrect use of ladders which could result in a fall or worker injury.	5	21	VH26	- Ensure harnesses are used at all times in Boom lifts. All handrails are to be in place before operating/using any plant. All plant is to be operated according to manufacturer's instructions. Ensure mobile scaffold is erected in accordance with manufacturer's instructions. Standing on handrails is not permitted at any time. - Barricade plant travelling path where necessary. Travelling path is to be kept clear at all times. Plant must be used on flat stable surfaces as per manufacturer's instructions. - Ensure plant is stable and in good condition. Ensure the correct plant is used correctly and maintained. Ensure plant/mobile scaffold is installed /used as per manufacturer's instructions. Ensure plant/mobile scaffold is safe to work by gaining assurance from the principal contractor if common plant.	3	11	M14	
		5	21	VH26		3	11	M14	
		5	21	VH26		3	11	M14	
	RISK - Serious Injury - Death - Loss of property - Damage to plant	5	21	VH26	- All materials are to be secured while in transit, and secured before being released. Wrist straps are to be used on tools where practical. Maintain edge protection on plant i.e. Tool Boards; Mid Rails; Hand Rails. Restrict Access to work areas under persons working at heights (barricades/signs). - Ladders must be stood on flat even surfaces only. Single or extension ladders will be secured at the top, bottom or both. When used for access, the ladder must extend a minimum of 1 metre above the access point. When working on a single or extension ladder, the worker must have 3 points of contact with the ladder. - When working from step ladders, the worker will not step above the 2nd top step. Worker must keep their body weight within the ladder side rails at all	1	11	M12	

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		L	C	R	CONTROL			L	C	R	
Working From Work Platform – Fixed Or Mobile (Continued)					times. All ladders will be marked Industrial have a load rating of 120kg or more. Step ladders will not be used to hold a plank. ➤ Plant and equipment will be positioned correctly to reduce the need for prolonged work above the shoulder.						
Working At Heights Above 2m On Commercial Construction Or 3m On Housing Construction	HAZARD ➤ Working with inappropriate or incorrect fall protection which could result in personal injury. ➤ Working above workers where materials or equipment could fall which could result in personal injury or damage to plant. RISK ➤ Serious Injury	5	21	VH26	➤ Ensure there is an appropriate edge protection on work platform/scaffold. Ensure scaffold /work platform is safe to work from by gaining assurance from the scaffold contractor or Principal Contractor. Ensure the correct work platforms are used and maintained correctly. Provide and maintain a fall arrest system where required if edge protection is unable to be used. Provide supervision and training. ➤ Ensure materials are securely fixed. i.e. tool box. Restrict access to work areas under persons working at heights, barricades/ signs. Wrist straps			3	11	M14	SITE SUPERVISOR

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		L	C	R		L	C	R	
	➤ Death				are to be used on tools where practical. Keep access ways clear of material, equipment or rubbish. Wear head protection.				
Deliver Sand And Cement To Work Site	HAZARD ➤ Manual handling. RISK ➤ Back injuries ➤ Bruising ➤ Stresses and strains, and ➤ Pinching injuries.	5	16	H21	➤ Eliminate the need for manual handling. Have the supplier deliver both sand and cement to the work site. ➤ If materials are to be collected, have the supplier load them onto the truck or trailer. If materials are delivered to the site by the supplier, have delivery occur as close as practical to the work area. ➤ Check workers are properly trained in correct bending and lifting techniques. ➤ Check workers are wearing PPE of gloves, safety footwear and eyewear. ➤ Purchase cement and other products in 20kg bags or less and carry only one bag at a time.	3	6	L9	SITE SUPERVISOR

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		L	C	R		L	C	R	
					CONTROL				
Moving Bricks To The Work Face	HAZARD ➤ Manual handling: - incorrect use of trolley to lift the bricks from pallet - lifting to many bricks at one time - repetitive lifting of bricks - increased weight of new modular bricks and blocks - pushing/pulling a loaded pallet trucks onto or off hoist platform. ➤ Passing or throwing up tools and materials	5	16	H21	➤ Use the trolley correctly to lift bricks from the pallet. ➤ Warning. Do not lift too many bricks at one time. ➤ Rotate jobs to minimise repetitive lifting of bricks. ➤ Use the correct manual handling techniques to push/pull loaded pallet trucks onto or off hoist platform. ➤ Pass bricks up onto the scaffold correctly. ➤ Wear the correct PPE. ➤ Check that brick guards are in place on the scaffold	3	11	M14	SITE SUPERVISOR
		5	21	VH26		3	11	M14	
		5	21	VH26		3	11	M14	

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		L	C	R		L	C	R	
	➤ Short or long-term health effects, e.g. overcome by vapours, rash, allergy, disease ➤ Electric shock or electrocution ➤ Fingers or hand caught in the mixer drive gear ➤ Shovel flung out of the drum hitting the worker ➤ Sprains and strains, injuries such as back damage, and ➤ Fall from wheelbarrow or unstable stacks of bricks.				CONTROL ➤ Make sure that extension leads are secured above the work area and that they are not lying in water. ➤ Check that the mixer drive gear is guarded. ➤ Warning. Do not place shovel in mixer drum while the drum is rotating. ➤ Warning. Do not wear loose clothing while working with machinery with moving parts. ➤ Make sure workers are trained in the correct manual handling techniques. ➤ Warning. Do not stand on wheelbarrows or unstable stacks of bricks.				
Cutting	HAZARD								SITE SUPERVISOR
	➤ Electric cutting equipment (brick saw)	5	16	H21	➤ Check that equipment is not faulty or damaged.	1	11	M12	
	➤ High-speed rotating saw blade	5	16	H21	➤ Make sure that the water saw is sitting on a wooden pallet, or similar, and not in water.	1	11	M12	
	➤ Cutting bricks with water saw, angle grinder or trowel	5	16	H21	➤ Check that an RCD is installed on the mains supply or portable generator.	1	11	M12	
	➤ Dust, grit or brick splinters flung out by saw, and	5	16	H21	➤ Make sure that extension leads are secured above the work area and that they are not lying in water.	1	11	M12	
	Noise.	7	16	H23	➤ Check that machine operators are experienced and competent.	3	6	L9	
	RISK				➤ Check that the water saw blade is not damaged and that it is the correct size and type for the task.				
	➤ Electric shock or electrocution				➤ Make sure everyone is wearing the correct PPE for the required task.				
	➤ Impact injuries from being struck by a brick piece flung out from the saw				➤ Check that everyone in the area is protected from flying cut-offs.				
	➤ Serious cut or other injury to the person cutting the brick				➤ Check that all equipment has adequate guards.				

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		L	C	R		L	C	R	
	➤ Eye damage caused by grit or brick splinters in the eyes, or Hearing damage.				➤ Check that the angle grinder is fitted with a "Dead Man's" switch. ➤ Check that the angle grinder has the correct blade or disk type and size and that it is fitted correctly. Check that the angle grinder blade is not overly worn. Use the correct grip on the brick when breaking it with bolster or trowel. Make sure your thumb is not in the way. ➤ Check to see if there are quieter tools to reduce the level of noise. ➤ Place a temporary sound absorption screen or barrier around the machine to protect others in the area.				
Laying Bricks	HAZARD ➤ Manual handling ➤ Overhand brickwork to external face, leading to loss of balance and falls from leaning against a green wall which gives way ➤ Overloaded scaffolding, leading to falls of people and equipment ➤ Overhead obstructions, leading to hitting the head, face or eye on the obstruction. RISK ➤ Impact injuries	5 5 5	16 21 21	H21 VH26 VH26	➤ Make sure workers are trained in the correct manual handling techniques. ➤ Rotate tasks to reduce the risk of manual handling injuries. ➤ Check scaffolding is able to prevent falls from the sides or ends. Check that the planks lacked correctly and are not too long, creating unsupported ends. ➤ Check that the planks are not faulty when loaded. ➤ Make sure workers are wearing the correct PPE for the required task. ➤ Eliminate overhead obstructions. Where this is not possible, clearly mark them so they can be seen.	1 1 1	11 11 11	M12 M12 M12	SITE SUPERVISOR

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		L	C	R	CONTROL			L	C	R	
	➤ Serious injuries, including death ➤ Broken bones ➤ Eye or facial injuries ➤ Sprains and strains ➤ Injuries such as back damage										
Work In General	HAZARD ➤ Incorrect use or faulty equipment which could result in personal injury or equipment damage. ➤ Using portable electrical equipment which could result in personal injury or equipment damage. ➤ Operation of equipment which may affect the safety of other nearby works. ➤ Guards damaged or missing from equipment which could result in operator injury. ➤ Exposure to sun that could result in personal injury.	5	21	VH26	➤ Workers will be trained in correct and safe use of equipment. Use the appropriate equipment for the job. Equipment will be checked for damage before each use. Use equipment in accordance with the manufacturer's instructions. Ensure equipment is maintained in good work condition. Remove and isolate any faulty or unsafe plant immediately. ➤ Workers will be trained in correct and safe use of equipment. Ensure power supply will be protected by a safety switch/ RCD. Equipment will be checked for damage before each use. ➤ Equipment will be tested, tagged and maintained in good work condition. Remove and isolate any faulty or unsafe plant immediately. ➤ Workers will be trained in correct and safe use of equipment. Ensure power supply will be			3	11	M14	SITE SUPERVISOR
		5	21	VH26				3	11	M14	
		5	21	VH26				3	11	M14	
		5	21	VH26				1	6	L7	
		5	21	VH26				1	6	L7	

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		L	C	R		L	C	R	
Work In General (Continued)	➤ Manual task hazards that could result in back injuries or muscle strains.	5	21	VH26	protected by a safety switch / RCD. Equipment will be checked for damage before each use. Equipment will be tested, tagged and maintained, and records kept. Remove and isolate any faulty or unsafe plant immediately. Use barricades and signs where necessary. Advise nearby workers before commencing work.	1	6	L7	
	➤ Sharp edges and waste materials which may cause worker injury.	5	21	VH26		3	11	M14	
	➤ Unclear access which may result in injury to worker or other workers in close proximity.	7	16	H23		3	11	M14	
	➤ Inappropriate facilities on site which could lead to disease and illness	5	16	H21		1	6	L7	
	RISKS ➤ Minor injury ➤ Serious Injury ➤ Disease	3	11	M14	➤ All equipment guards must be in good working order and in place before equipment is used. Any equipment with guards found to be damaged or missing must be withdrawn from use immediately. ➤ Use sunscreen (UV) protection. Use long sleeve shirts and wide brimmed hats wherever possible. ➤ Workers will be given instruction on safe lifting techniques and manual task hazards. Ensure there are adequate resources to do the task. Avoid lifting large, heavy and awkward loads. Unload materials and tools as close as possible to point of use. Materials delivered to site in bulk to be unloaded by mechanical means wherever possible. ➤ Wear protective footwear. Dispose of hazardous objects. Ensure access ways remain clear. ➤ Ensure access ways are kept clean of materials and rubbish at all times. Clean up work area before leaving. ➤ Ensure clean drinking water is provided on site. Ensure washing facilities are available. Ensure clean amenities are available.				

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ACTIVITY / TASK / JOB STEP	HAZARD / RISK	INTRINSIC RISK			HAZARD CONTROLS			RESIDUAL RISK			RESPONSIBLE PERSON (WHO IMPLEMENTS)
		L	C	R	CONTROL			L	C	R	
Clean Up Of Work Area	HAZARD ➤ Incorrect method used to clean up which could result in personal injury. ➤ Unclear access which may result in injury to worker or other workers in close proximity. ➤ Work area not cleaned up which could result in personal injury. RISK ➤ Minor Injury ➤ Serious Injury ➤ Loss of Material ➤ Environmental Damage	5	16	H21	➤ Workers are given instruction and training on appropriate clean up techniques. Use correct PPE. Dispose of the material in the appropriate manner. ➤ Ensure access ways are kept clean of materials and rubbish at all times. Clean up work area before leaving. ➤ Ensure the work area is clear of debris before commencing work. Advise the Principal Contractor of material and/or rubbish left by other trades.			1	11	M12	SITE SUPERVISOR
		5	16	H21				1	11	M12	
		3	21	VH24				1	6	L7	

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SAFE WORK METHOD STATEMENT (SWMS) FORM

ACTIVITY / TASK / JOB STEP	HAZARD / RISK	INTRINSIC RISK			HAZARD CONTROLS	RESIDUAL RISK			RESPONSIBLE PERSON (WHO IMPLEMENTS)
		L	C	R		L	C	R	
Cleaning Bricks With Hydrochloric Acid	HAZARD ➤ Contact with the eyes or skin can cause serious permanent damage. ➤ Concentrated solutions of this acid are extremely corrosive; very dilute solutions are mildly corrosive. ➤ Toxic by inhalation - the concentrated solution releases dangerous quantities of hydrogen chloride vapour. ➤ May become explosive if it comes into contact with metal. ➤ Negative environmental effect with spills. RISK ➤ Death ➤ Serious illness ➤ Burns to the skin, eyes and respiratory tract.	5	21	VH26	➤ Hydrochloric Acid is classified as a Hazardous Substance and Dangerous Good. ➤ Warning. This product must be used in accordance with the controls in the MSDS (refer to register) ➤ The operator must be trained in the correct handling of the acid and the correct storage procedures according to the MSDS. Warning. Hydrochloric Acid MUST be stored in a spill proof tray and must not be allowed to come into contact with metal. ➤ The operator MUST wear the correct PPE as set out in the MSDS (refer to the register) ➤ Everyone on site MUST be informed of the use of the product and be removed from the affected areas. ➤ Warning. DO NOT, use spray equipment in windy conditions. Ensure the spray does not blow over structures other than those intended. ➤ Ensure wash down facilities are nearby and prepared, and that a first aid qualified person is at hand and a first aid kit available.	1	11	M12	SITE SUPERVISOR

SAFE WORK METHOD STATEMENT (SWMS)

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SAFE WORK METHOD STATEMENT (SWMS) FORM

NOTE: Where residual risk is High or Very High, Senior Management or Direct Manager / Supervisor (as per Delegations) approval is required prior to commencing work.

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SAFE WORK METHOD STATEMENT (SWMS) FORM

1.13 RISK MATRIX

Perform a risk assessment for each hazard identified by:

- Determining the consequences (refer Table 1)
- Determining the likelihood of the consequence occurring (refer Table 2)
- Apply the values obtained from Tables 1 and 2 to the Qualitative Risk Matrix (Table 3) to obtain the resultant Risk Score and Level
- Apply priorities for the implementation of control measures in accordance with the Priority Matrix.

TABLE 1 – CONSEQUENCE

LEVEL	DESCRIPTOR
INSIGNIFICANT	No illness or injuries
MINOR	First aid treatment
MODERATE	Medical treatment required
MAJOR	Serious Injury/illness
CATASTROPHIC	Death

TABLE 2 - LIKELIHOOD

LEVEL	DESCRIPTOR
ALMOST CERTAIN	Occurs regularly
LIKELY	Expected to occur
POSSIBLE	Has occurred in the last two years
UNLIKELY	Has occurred only once or twice during the preceding 5 years
RARE	Has not occurred during the preceding 5 years

TABLE 3 – RISK LEVEL / PRIORITY

TABLE 3 – RISK LEVEL / PRIORITY					
LIKELIHOOD	CONSEQUENCE				
	INSIGNIFICANT - 1	MINOR - 6	MODERATE - 11	MAJOR - 16	CATASTROPHIC - 21
ALMOST CERTAIN – 9	L 10	M 15	H 20	VH 25	VH 30
LIKELY – 7	L 8	M 13	M 18	H 23	VH 28
POSSIBLE – 5	L 6	M 11	M 16	H 21	VH 26
UNLIKELY – 3	L 4	L 9	M 14	M 19	H 24
RARE - 1	L 2	L 7	M 12	M 17	H 22

RISK LEVEL

RISK LEVEL	PRIORITY
VH VERY HIGH	The Activity MUST NOT COMMENCE. If started STOP IMMEDIATELY. Activity MUST NOT START until controls are implemented to reduce risk.
H HIGH	Implement controls within a reasonable timeframe to reduce the risk to as low as reasonably practical.
M MEDIUM	Implement controls within a reasonable timeframe to reduce the risk to as low as reasonably practical.
L LOW	Implement controls as considered necessary to further reduce the risk to as low as reasonably practical.

HIERARCHY OF CONTROL

1. Eliminate
2. Substitute
3. Isolate
4. Engineer
5. Admin
6. PPE

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1.14 EMERGENCY PREPAREDNESS AND RESPONSE

Emergency preparedness and response preparations specific to the hazards identified within this SWMS are to be implemented as follows:

- Where the organisation is a Principal Contractor (PC), emergency preparedness will be undertaken and site specific response procedures will be prepared (refer Emergency Response process).
- Where the organisation is undertaking work on behalf of a PC (appointed as a Subcontractor), the organisation will work in accordance with the emergency provisions put in place by the PC.
- Where the organisation is undertaking works on behalf of a Client (not appointed as Principal Contractor) where the Client is in control of the workplace, the organisation will consult and communicate with the Client to determine emergency preparedness and response requirements.
- Where the organisation is in control of the workplace or is requested by the Principal Contractor, the organisation will undertake emergency preparedness and prepare specific emergency response procedures (refer Flowcharts for Emergency Response).

1.15 MONITORING AND REVIEW

- Use Task Observation form in undertaking formal monitoring and review in accordance with adopted schedule.

OBSERVATION LOG	01	02	03	04	05	06
INITIAL						
DATE						

1.16 SWMS REVIEW AND AMENDMENT

This Safe Work Method Statement will be reviewed in consultation with those workers executing the work in response to the following:

- Any change to the standards of 'good practice' including any statutory requirement
- Any change in design
- Any change in the work environment
- Any change in the personnel performing the work
- Any change in the plant, substances, materials and structures
- After a task observation or inspection has been carried out and additional hazards have been identified
- Near miss, injury or illness results from exposure to a hazard / risk to which the Safe Work Method Statement includes
- Formal review of SWMS in accordance with adopted monitoring and review schedule.

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SAFE WORK METHOD STATEMENT (SWMS) FORM

1.16.1 RECORD OF AMENDMENT

DATE OF REVIEW	ACTIVITY / TASK / JOB STEP REVIEWED	PERSON UNDERTAKING REVIEW	REVIEW RECOMMENDATIONS / AMENDMENT

1.17 SWMS DEVELOPMENT, TRAINING AND ACKNOWLEDGEMENT

A person performing work otherwise interacting with the work associated with this Work Method Statement must sign this Work Method Statement before commencing the activity / task or interacting with it. By signing the Work Method Statement the person is stating:

- They were involved in the compilation of the Work Method Statement including any associated risk assessment
- If they were not involved in the original compilation of the Work Method Statement including any associated risk assessment, they have been given the opportunity to comment on the statement
- They have read or been read the Work Method Statement
- They have received training and education in the work methodology expressed in the Work Method Statement
- They understand the Work Method Statement
- They have the skills and knowledge to perform the work as described in the Work Method Statement and as allocated to them
- They have the plant, materials, substances and structures to perform the work as described in this Work Method Statement and as allocated to them and that such plant, materials, substances and structures are 'safe' if they are used properly
- They understand they must comply with the content of the Work Method Statement.
- They have been issued and instructed in the correct use of the PPE required to fully undertake their role in accordance with this Work Method Statement.

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A. GABRIELLI
CONSTRUCTIONS

COPY AND ATTACH ADDITIONAL PAGES IF REQUIRED

Version No.: 1A

SAFE WORK METHOD STATEMENT (SWMS) FORM

1.18 SWMS – ATTACHMENTS

ATTACHMENT	ATTACHMENT REFERENCE	ATTACHMENT DESCRIPTION
1		
2		
3		
4		
5		
6		
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10		
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COPY AND ATTACH ADDITIONAL PAGES IF REQUIRED

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FORM EXCAVATION PERMIT

PROJECT:	WELLINGTON STREET DEPOT UPGRADE	PROJECT / JOB NO:	
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1 GENERAL

PERMIT NO.:		DATE:	2/5/23
SUBMITTED BY:	Bod. e. v. d. l. e.	SUBMITTED TO:	
REQUIRED FROM DATE	2/5/23	REQUIRED FROM TIME	0700
REQUIRED TO DATE	5/5/23	REQUIRED TO TIME	1600
SWMS NAME	wattlec		
LOCATION OF WORK	Carpark		
DESCRIPTION OF WORK:	under grounds.		
WIDTH:	300	DEPTH:	600
CONTROL MEASURES	☒ Benching ☐ Battering ☐ Shoring		
EXCAVATION METHOD:	HAND ☐ Shovel ☐ Jackhammer ☐ Other: MACHINE ☐ Backhoe ☒ Excavator ☐ Other:		

2 SITE DRAWINGS AVAILABLE

DRAWINGS	ATTACHED	DATED	COMMENTS
As Constructed Plan	☒ YES ☐ NO ☐ N/A		
All Services Plan	☐ YES ☐ NO ☐ N/A		
Dial Before You Dig (DBYD)	☐ YES ☐ NO ☐ N/A		
Ground Penetrating Radar	☐ YES ☐ NO ☐ N/A		
Manufacturers specifications for shoring	☐ YES ☐ NO ☐ N/A		
Engineer drawings to prevent collapse	☐ YES ☐ NO ☐ N/A		

3 ITEMS THAT HAVE BEEN DEALT WITH PRIOR TO THE ISSUE OF THE PERMIT

INSTRUCTIONS FOR USE: The information contained in this document is intended as a guide and is not intended as a thorough hazard list. You are reminded that it is your responsibility to ensure all hazards are controlled and ensure the safety of all persons arising from your activity.

ITEM	COMPLIANT
All persons have been appropriately trained and are competent to perform their task.	☒ YES ☐ N/A
Access and egress to the site will be safe.	☒ YES ☐ N/A
Site Drawings (as detailed above) have been consulted to locate potential services in the vicinity and will be onsite for the excavation.	☒ YES ☐ N/A
Communication, underground power, water, gas / compressed services have been located and controlled.	☒ YES ☐ N/A
Ground conditions have been assessed e.g. Rock, sand etc.	☒ YES ☐ N/A
Shoring / battering has been designed and provided on site for excavations in unstable ground, at depth greater than 1.5 metres, or where deemed necessary.	☒ YES ☐ N/A
Shoring installation shall be done by competent persons and in accordance with the manufacturers specification or drawings approved by a qualified engineer	☒ YES ☐ N/A

FORM EXCAVATION PERMIT

ITEM	COMPLIANT
Adequate materials are available for proposed shoring?	☒ YES ☐ N/A
Controls have been developed for the inrush of water during the excavation where depth is to be greater than 400 mm.	☒ YES ☐ N/A
Designated area for the placement of removed material has been decided.	☒ YES ☐ N/A
The placement of loads such as machinery and materials that may affect the stability of the excavation have been considered and these risks assessed and controlled.	☒ YES ☐ N/A
The possible effects of machinery, vehicles or other sources of vibration are controlled.	☒ YES ☐ N/A
The methods of person accessing and egressing the excavation have been developed.	☒ YES ☐ N/A
Barriers / barricading to be erected to prevent falls (mobile plant) into excavation or affecting stability of edge of excavation.	☒ YES ☐ N/A
Fencing and signs will be erected for times when the site will be unattended to prevent unauthorised access.	☒ YES ☐ N/A
Other forms of barricading have been erected for works of a minor nature and where the site will be attended for the duration of the project so as to prevent unauthorised access.	☒ YES ☐ N/A
Residents of the area have been notified of possible disruptions to access, any noise or dust issues and any likely disruptions to services.	☒ YES ☐ N/A
If applicable has consultation with the asset owner occurred.	☒ YES ☐ N/A
Buildings adjacent to the excavation have been considered as to their stability throughout the excavation process.	☒ YES ☐ N/A
The methods of work have assessed the Manual Handling effects on persons and appropriate controls have been designed and incorporated into the SWMS.	☒ YES ☐ N/A
Has a SWMS been prepared for the works and accepted by the principal contractor. Have all workers signed relevant SWMS. Note* SWMS must be discussed prior to any excavation works commencing. (The SWMS should outline all relevant control measures for exaction and trenching)	☒ YES ☐ N/A
The site has been assessed as to the proximity of plant to overhead power lines and where the distance could be 4.0m or less (<132kV), other control measures are implemented.	☒ YES ☐ N/A
Emergency procedures have been developed and discussed.	☒ YES ☐ N/A
Controls have been considered for any pooling of gases in the excavation.	☒ YES ☐ N/A
All people who are involved in the planning or performing the work have been consulted on the methods of work and other safety issues.	☒ YES ☐ N/A

4 OTHER ITEMS THAT MAY REQUIRE CONTROLLING

ITEM	REQUIRED	ITEM	REQUIRED
Lighting issues	☐ YES ☒ N/A	Airborne and soil contaminants	☐ YES ☒ N/A
Ramps leading to excavation (slope, traction etc)	☐ YES ☒ N/A	Confined Space	☐ YES ☒ N/A
Working near roads	☐ YES ☒ N/A	The use of hazardous chemicals	☐ YES ☒ N/A
Fire protection	☐ YES ☒ N/A	Personal Protective Equipment	☐ YES ☒ N/A
OTHER: (Identify what and how will be controlled below):			☐ YES ☐ N/A

Are existing services within close proximity of planned excavation works? *

☐ YES ☒ NO ☐ N/A

Note* If the above answer is yes, a toolbox talk is to be conducted with workers and attached to this permit. Further control measures may need to be implemented.

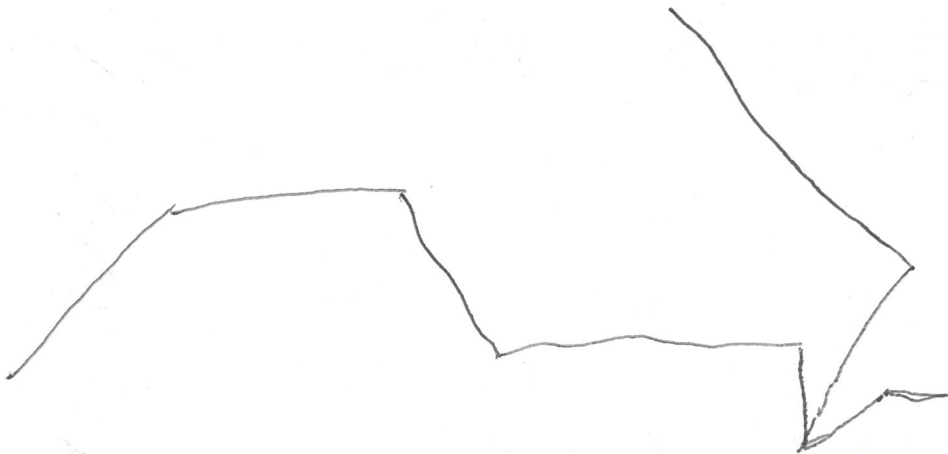
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FORM EXCAVATION PERMIT

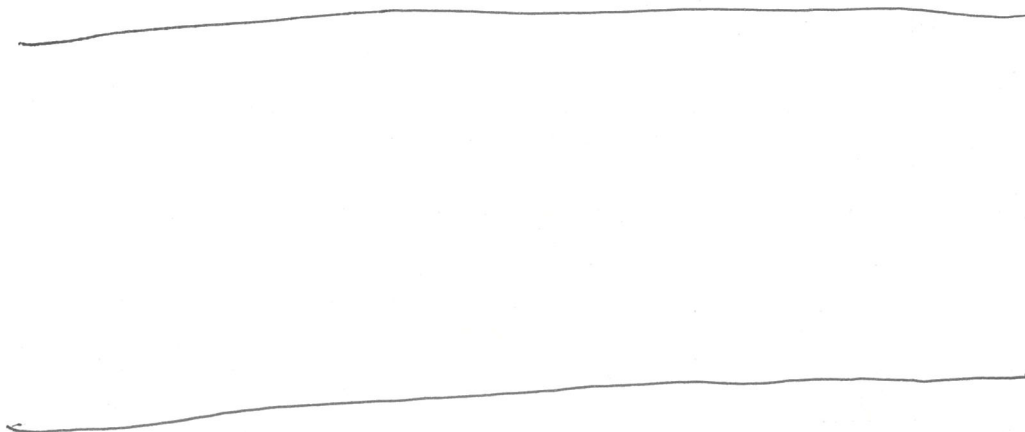
5 SKETCH OF EXCAVATION

INSTRUCTIONS FOR USE: Draw or insert a sketch of excavation below, include the following:
all existing above ground and below ground services,
adjacent buildings/structures
other trades and machinery (where applicable) and
excavation dimension – length, depth, width
Control measures – benching, battering, shoring.

Aerial View



Side Profile



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FORM EXCAVATION PERMIT

6 ACKNOWLEDGEMENT OF SYSTEM PROPOSED

I undertake to ensure that the hazard /precautions identified will be identified and the control measures will be implemented and used by all the employees whose names appear below while conducting the work outlined in this permit.

SIGNED BY PERSON REQUESTING PERMIT:

NAME:	<i>Boake Vidler</i>	SIGNATURE:	<i>[Signature]</i>		
POSITION:	<i>Forman elec</i>	DATE:	<i>2/5/23</i>	TIME:	<i>0600</i>

6.1 NAMES AND SIGNATURES OF EMPLOYEES WHO WILL WORK UNDER THE PERMIT

NAME:	SIGNATURE:	DATE:	NAME:	SIGNATURE:	DATE:
<i>Boake Vidler</i>	<i>[Signature]</i>				
<i>Simon M. [Signature]</i>	<i>[Signature]</i>				

6.2 AUTHORISATION

Having reviewed the safe systems of work as documented in this permit application and having satisfied myself that the system proposed will mitigate the risk of excavation to an acceptable level I approve this permit for the nominated period.

SIGNED BY DIRECT MANAGER / SUPERVISOR:

NAME:		SIGNATURE:			
POSITION:		DATE:		TIME:	

7 COMPLETION OF WORKS

I certify that the work is ☐ Complete / ☐ Incomplete, that all people, materials and tools have been removed from the area, and the area has been returned to a clean and safe condition.

The following unforeseen hazardous conditions were encountered during the completion of this task:

--

SIGNED BY PERSON REQUESTING PERMIT:

NAME:		SIGNATURE:			
POSITION:		DATE:		TIME:	

FORM

EXCAVATION PERMIT



PROJECT: WARRINGTON ST PROJECT / JOB NO:

1 GENERAL

PERMIT NO.:		DATE:	<u>22/5/23</u>
SUBMITTED BY:	<u>Bridger</u>	SUBMITTED TO:	<u>R. GABRIELLI</u>
REQUIRED FROM DATE	<u>7/5/23.</u>	REQUIRED FROM TIME	
REQUIRED TO DATE	<u>7/6/23.</u>	REQUIRED TO TIME	
SWMS NAME	<u>Excavation</u>		
LOCATION OF WORK	<u>Behind Admin</u>		
DESCRIPTION OF WORK:	<u>UNDER GROUND CONDUITS.</u>		
WIDTH:	<u>300</u>	DEPTH:	<u>600</u>
CONTROL MEASURES	☐ Benching ☐ Battering ☐ Shoring		
EXCAVATION METHOD:	HAND ☒ Shovel ☐ Jackhammer ☐ Other: MACHINE ☐ Backhoe ☒ Excavator ☐ Other:		

2 SITE DRAWINGS AVAILABLE

DRAWINGS	ATTACHED	DATED	COMMENTS
As Constructed Plan	☒ YES ☐ NO ☐ N/A		
All Services Plan	☒ YES ☐ NO ☐ N/A		
Dial Before You Dig (DBYD)	☐ YES ☒ NO ☐ N/A		
Ground Penetrating Radar	☐ YES ☐ NO ☒ N/A		
Manufacturers specifications for shoring	☐ YES ☐ NO ☒ N/A		
Engineer drawings to prevent collapse	☐ YES ☐ NO ☒ N/A		

3 ITEMS THAT HAVE BEEN DEALT WITH PRIOR TO THE ISSUE OF THE PERMIT

INSTRUCTIONS FOR USE: The information contained in this document is intended as a guide and is not intended as a thorough hazard list. You are reminded that it is your responsibility to ensure all hazards are controlled and ensure the safety of all persons arising from your activity.

ITEM	COMPLIANT
All persons have been appropriately trained and are competent to perform their task.	☒ YES ☐ N/A
Access and egress to the site will be safe.	☒ YES ☐ N/A
Site Drawings (as detailed above) have been consulted to locate potential services in the vicinity and will be onsite for the excavation.	☒ YES ☐ N/A
Communication, underground power, water, gas / compressed services have been located and controlled.	☒ YES ☐ N/A
Ground conditions have been assessed e.g. Rock, sand etc.	☒ YES ☐ N/A
Shoring / battering has been designed and provided on site for excavations in unstable ground, at depth greater than 1.5 metres, or where deemed necessary.	☒ YES ☐ N/A
Shoring installation shall be done by competent persons and in accordance with the manufacturers specification or drawings approved by a qualified engineer	☒ YES ☐ N/A

FORM EXCAVATION PERMIT

ITEM	COMPLIANT
Adequate materials are available for proposed shoring?	☐ YES ☒ N/A
Controls have been developed for the inrush of water during the excavation where depth is to be greater than 400 mm.	☒ YES ☐ N/A
Designated area for the placement of removed material has been decided.	☒ YES ☐ N/A
The placement of loads such as machinery and materials that may affect the stability of the excavation have been considered and these risks assessed and controlled.	☒ YES ☐ N/A
The possible effects of machinery, vehicles or other sources of vibration are controlled.	☒ YES ☐ N/A
The methods of person accessing and egressing the excavation have been developed.	☒ YES ☐ N/A
Barriers / barricading to be erected to prevent falls (mobile plant) into excavation or affecting stability of edge of excavation.	☒ YES ☐ N/A
Fencing and signs will be erected for times when the site will be unattended to prevent unauthorised access.	☒ YES ☐ N/A
Other forms of barricading have been erected for works of a minor nature and where the site will be attended for the duration of the project so as to prevent unauthorised access.	☒ YES ☐ N/A
Residents of the area have been notified of possible disruptions to access, any noise or dust issues and any likely disruptions to services.	☒ YES ☐ N/A
If applicable has consultation with the asset owner occurred.	☒ YES ☐ N/A
Buildings adjacent to the excavation have been considered as to their stability throughout the excavation process.	☒ YES ☐ N/A
The methods of work have assessed the Manual Handling effects on persons and appropriate controls have been designed and incorporated into the SWMS.	☒ YES ☐ N/A
Has a SWMS been prepared for the works and accepted by the principal contractor. Have all workers signed relevant SWMS. Note* SWMS must be discussed prior to any excavation works commencing. (The SWMS should outline all relevant control measures for exaction and trenching)	☒ YES ☐ N/A
The site has been assessed as to the proximity of plant to overhead power lines and where the distance could be 4.0m or less (<132kV), other control measures are implemented.	☒ YES ☐ N/A
Emergency procedures have been developed and discussed.	☒ YES ☐ N/A
Controls have been considered for any pooling of gases in the excavation.	☒ YES ☐ N/A
All people who are involved in the planning or performing the work have been consulted on the methods of work and other safety issues.	☒ YES ☐ N/A

4 OTHER ITEMS THAT MAY REQUIRE CONTROLLING

ITEM	REQUIRED	ITEM	REQUIRED
Lighting issues	☐ YES ☒ N/A	Airborne and soil contaminants	☐ YES ☒ N/A
Ramps leading to excavation (slope, traction etc)	☐ YES ☒ N/A	Confined Space	☐ YES ☒ N/A
Working near roads	☐ YES ☒ N/A	The use of hazardous chemicals	☐ YES ☒ N/A
Fire protection	☐ YES ☒ N/A	Personal Protective Equipment	☐ YES ☒ N/A
OTHER: (Identify what and how will be controlled below):			☐ YES ☐ N/A

Are existing services within close proximity of planned excavation works? *

☐ YES ☐ NO ☒ N/A

Note* If the above answer is yes, a toolbox talk is to be conducted with workers and attached to this permit. Further control measures may need to be implemented.

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6 ACKNOWLEDGEMENT OF SYSTEM PROPOSED

I undertake to ensure that the hazard /precautions identified will be identified and the control measures will be implemented and used by all the employees whose names appear below while conducting the work outlined in this permit.

SIGNED BY PERSON REQUESTING PERMIT:

NAME:	Bod. e. d. l. e.	SIGNATURE:			
POSITION:	Forman	DATE:	22/5/23	TIME:	0615

6.1 NAMES AND SIGNATURES OF EMPLOYEES WHO WILL WORK UNDER THE PERMIT

NAME:	SIGNATURE:	DATE:	NAME:	SIGNATURE:	DATE:
Bridler		22/5			
S. M. A. K. H. e. r.		22/5			

6.2 AUTHORISATION

Having reviewed the safe systems of work as documented in this permit application and having satisfied myself that the system proposed will mitigate the risk of excavation to an acceptable level I approve this permit for the nominated period.

SIGNED BY DIRECT MANAGER / SUPERVISOR:

NAME:	R. G. a. m.	SIGNATURE:			
POSITION:	Forman	DATE:	22/5/23	TIME:	2.00

7 COMPLETION OF WORKS

I certify that the work is ☐ Complete / ☐ Incomplete, that all people, materials and tools have been removed from the area, and the area has been returned to a clean and safe condition.

The following unforeseen hazardous conditions were encountered during the completion of this task:

--

SIGNED BY PERSON REQUESTING PERMIT:

NAME:		SIGNATURE:			
POSITION:		DATE:		TIME:	

FORM EXCAVATION PERMIT

5 SKETCH OF EXCAVATION

INSTRUCTIONS FOR USE: Draw or insert a sketch of excavation below, include the following:
all existing above ground and below ground services,
adjacent buildings/structures
other trades and machinery (where applicable) and
excavation dimension – length, depth, width
Control measures – benching, battering, shoring.

Aerial View

Side Profile

EXCAVATION PERMIT

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Version No.: 2

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PROJECT:

Warrington St

PROJECT / JOB NO:

1 GENERAL

PERMIT NO.:		DATE:	1/6/23
SUBMITTED BY:	Kevin Bannan	SUBMITTED TO:	R. Gabrielli
REQUIRED FROM DATE	1/6/23	REQUIRED FROM TIME	8.00 Am
REQUIRED TO DATE	30/6/23	REQUIRED TO TIME	6.00 Pm
SWMS NAME	EXCAVATION		
LOCATION OF WORK	Warrington St		
DESCRIPTION OF WORK:	EXCAVATE FOR CARPARK		
WIDTH:		DEPTH:	300
CONTROL MEASURES	☐ Benching ☐ Battering ☐ Shoring		
EXCAVATION METHOD:	HAND ☐ Shovel ☐ Jackhammer ☐ Other: MACHINE ☐ Backhoe ☒ Excavator ☐ Other:		

2 SITE DRAWINGS AVAILABLE

DRAWINGS	ATTACHED	DATED	COMMENTS
As Constructed Plan	☒ YES ☐ NO ☐ N/A		
All Services Plan	☒ YES ☐ NO ☐ N/A		
Dial Before You Dig (DBYD)	☒ YES ☐ NO ☐ N/A		
Ground Penetrating Radar	☐ YES ☐ NO ☒ N/A		
Manufacturers specifications for shoring	☐ YES ☐ NO ☒ N/A		
Engineer drawings to prevent collapse	☐ YES ☐ NO ☒ N/A		

3 ITEMS THAT HAVE BEEN DEALT WITH PRIOR TO THE ISSUE OF THE PERMIT

INSTRUCTIONS FOR USE: The information contained in this document is intended as a guide and is not intended as a thorough hazard list. You are reminded that it is your responsibility to ensure all hazards are controlled and ensure the safety of all persons arising from your activity.

ITEM	COMPLIANT
All persons have been appropriately trained and are competent to perform their task.	☒ YES ☐ N/A
Access and egress to the site will be safe.	☒ YES ☐ N/A
Site Drawings (as detailed above) have been consulted to locate potential services in the vicinity and will be onsite for the excavation.	☒ YES ☐ N/A
Communication, underground power, water, gas / compressed services have been located and controlled.	☒ YES ☐ N/A
Ground conditions have been assessed e.g. Rock, sand etc.	☒ YES ☐ N/A
Shoring / battering has been designed and provided on site for excavations in unstable ground, at depth greater than 1.5 metres, or where deemed necessary.	☒ YES ☒ N/A
Shoring installation shall be done by competent persons and in accordance with the manufacturers specification or drawings approved by a qualified engineer	☐ YES ☒ N/A

FORM EXCAVATION PERMIT

ITEM	COMPLIANT
Adequate materials are available for proposed shoring?	☒ YES ☐ N/A
Controls have been developed for the inrush of water during the excavation where depth is to be greater than 400 mm.	☒ YES ☐ N/A
Designated area for the placement of removed material has been decided.	☒ YES ☐ N/A
The placement of loads such as machinery and materials that may affect the stability of the excavation have been considered and these risks assessed and controlled.	☒ YES ☐ N/A
The possible effects of machinery, vehicles or other sources of vibration are controlled.	☒ YES ☐ N/A
The methods of person accessing and egressing the excavation have been developed.	☒ YES ☐ N/A
Barriers / barricading to be erected to prevent falls (mobile plant) into excavation or affecting stability of edge of excavation.	☒ YES ☐ N/A
Fencing and signs will be erected for times when the site will be unattended to prevent unauthorised access.	☒ YES ☐ N/A
Other forms of barricading have been erected for works of a minor nature and where the site will be attended for the duration of the project so as to prevent unauthorised access.	☒ YES ☐ N/A
Residents of the area have been notified of possible disruptions to access, any noise or dust issues and any likely disruptions to services.	☒ YES ☐ N/A
If applicable has consultation with the asset owner occurred.	☒ YES ☐ N/A
Buildings adjacent to the excavation have been considered as to their stability throughout the excavation process.	☒ YES ☐ N/A
The methods of work have assessed the Manual Handling effects on persons and appropriate controls have been designed and incorporated into the SWMS.	☒ YES ☐ N/A
Has a SWMS been prepared for the works and accepted by the principal contractor. Have all workers signed relevant SWMS. Note* SWMS must be discussed prior to any excavation works commencing. (The SWMS should outline all relevant control measures for exaction and trenching)	☒ YES ☐ N/A
The site has been assessed as to the proximity of plant to overhead power lines and where the distance could be 4.0m or less (<132kV), other control measures are implemented.	☒ YES ☐ N/A
Emergency procedures have been developed and discussed.	☒ YES ☐ N/A
Controls have been considered for any pooling of gases in the excavation.	☒ YES ☐ N/A
All people who are involved in the planning or performing the work have been consulted on the methods of work and other safety issues.	☒ YES ☐ N/A

4 OTHER ITEMS THAT MAY REQUIRE CONTROLLING

ITEM	REQUIRED	ITEM	REQUIRED
Lighting issues	☐ YES ☒ N/A	Airborne and soil contaminants	☐ YES ☒ N/A
Ramps leading to excavation (slope, traction etc)	☐ YES ☒ N/A	Confined Space	☐ YES ☒ N/A
Working near roads	☒ YES ☐ N/A	The use of hazardous chemicals	☒ YES ☐ N/A
Fire protection	☐ YES ☒ N/A	Personal Protective Equipment	☒ YES ☐ N/A
OTHER: (Identify what and how will be controlled below):		☐ YES ☐ N/A	

Are existing services within close proximity of planned excavation works? *

☐ YES ☐ NO ☐ N/A

Note* If the above answer is yes, a toolbox talk is to be conducted with workers and attached to this permit. Further control measures may need to be implemented.

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FORM EXCAVATION PERMIT

6 ACKNOWLEDGEMENT OF SYSTEM PROPOSED

I undertake to ensure that the hazard /precautions identified will be identified and the control measures will be implemented and used by all the employees whose names appear below while conducting the work outlined in this permit.

SIGNED BY PERSON REQUESTING PERMIT:

NAME:	K. BARTOLOZZI	SIGNATURE:			
POSITION:	OPERATOR	DATE:	1/6/23	TIME:	

6.1 NAMES AND SIGNATURES OF EMPLOYEES WHO WILL WORK UNDER THE PERMIT

NAME:	SIGNATURE:	DATE:	NAME:	SIGNATURE:	DATE:

6.2 AUTHORISATION

Having reviewed the safe systems of work as documented in this permit application and having satisfied myself that the system proposed will mitigate the risk of excavation to an acceptable level I approve this permit for the nominated period.

SIGNED BY DIRECT MANAGER / SUPERVISOR:

NAME:	R. GABRIELLI	SIGNATURE:			
POSITION:	FORMAN	DATE:	1/6/23	TIME:	7:00 AM

7 COMPLETION OF WORKS

I certify that the work is ☐ Complete / ☐ Incomplete, that all people, materials and tools have been removed from the area, and the area has been returned to a clean and safe condition.

The following unforeseen hazardous conditions were encountered during the completion of this task:

--

SIGNED BY PERSON REQUESTING PERMIT:

NAME:		SIGNATURE:			
POSITION:		DATE:		TIME:	

FORM EXCAVATION PERMIT

5 SKETCH OF EXCAVATION

INSTRUCTIONS FOR USE: Draw or insert a sketch of excavation below, include the following:
all existing above ground and below ground services,
adjacent buildings/structures
other trades and machinery (where applicable) and
excavation dimension – length, depth, width
Control measures – benching, battering, shoring.

Aerial View

Side Profile

EXCAVATION PERMIT

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FORM EXCAVATION PERMIT

PROJECT:	Council Depot Wellington St	PROJECT / JOB NO:	
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1 GENERAL

PERMIT NO.:		DATE:	
SUBMITTED BY:	S. [Signature]	SUBMITTED TO:	A. GABRIELLI
REQUIRED FROM DATE	13/4/23	REQUIRED FROM TIME	0600
REQUIRED TO DATE	20/5/23	REQUIRED TO TIME	1600
SWMS NAME	WATER		
LOCATION OF WORK	BLD 2		
DESCRIPTION OF WORK:	BLD FEED CONDUITS		
WIDTH:	300 mm	DEPTH:	600 mm
CONTROL MEASURES	☐ Benching ☐ Battering ☐ Shoring		
EXCAVATION METHOD:	HAND ☒ Shovel ☐ Jackhammer ☐ Other: MACHINE ☐ Backhoe ☒ Excavator ☐ Other:		

2 SITE DRAWINGS AVAILABLE

DRAWINGS	ATTACHED	DATED	COMMENTS
As Constructed Plan	☒ YES ☐ NO ☐ N/A		
All Services Plan	☒ YES ☐ NO ☐ N/A		
Dial Before You Dig (DBYD)	☒ YES ☐ NO ☐ N/A	13/3/23	
Ground Penetrating Radar	☐ YES ☐ NO ☒ N/A		
Manufacturers specifications for shoring	☐ YES ☐ NO ☒ N/A		
Engineer drawings to prevent collapse	☐ YES ☐ NO ☒ N/A		

3 ITEMS THAT HAVE BEEN DEALT WITH PRIOR TO THE ISSUE OF THE PERMIT

INSTRUCTIONS FOR USE: The information contained in this document is intended as a guide and is not intended as a thorough hazard list. You are reminded that it is your responsibility to ensure all hazards are controlled and ensure the safety of all persons arising from your activity.

ITEM	COMPLIANT
All persons have been appropriately trained and are competent to perform their task.	☒ YES ☐ N/A
Access and egress to the site will be safe.	☒ YES ☐ N/A
Site Drawings (as detailed above) have been consulted to locate potential services in the vicinity and will be onsite for the excavation.	☒ YES ☐ N/A
Communication, underground power, water, gas / compressed services have been located and controlled.	☒ YES ☐ N/A
Ground conditions have been assessed e.g. Rock, sand etc.	☒ YES ☐ N/A
Shoring / battering has been designed and provided on site for excavations in unstable ground, at depth greater than 1.5 metres, or where deemed necessary.	☐ YES ☒ N/A
Shoring installation shall be done by competent persons and in accordance with the manufacturers specification or drawings approved by a qualified engineer	☐ YES ☒ N/A

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FORM EXCAVATION PERMIT

ITEM	COMPLIANT
Adequate materials are available for proposed shoring?	☐ YES ☒ N/A
Controls have been developed for the inrush of water during the excavation where depth is to be greater than 400 mm.	☒ YES ☐ N/A
Designated area for the placement of removed material has been decided.	☒ YES ☐ N/A
The placement of loads such as machinery and materials that may affect the stability of the excavation have been considered and these risks assessed and controlled.	☒ YES ☐ N/A
The possible effects of machinery, vehicles or other sources of vibration are controlled.	☒ YES ☐ N/A
The methods of person accessing and egressing the excavation have been developed.	☒ YES ☐ N/A
Barriers / barricading to be erected to prevent falls (mobile plant) into excavation or affecting stability of edge of excavation.	☒ YES ☐ N/A
Fencing and signs will be erected for times when the site will be unattended to prevent unauthorised access.	☒ YES ☐ N/A
Other forms of barricading have been erected for works of a minor nature and where the site will be attended for the duration of the project so as to prevent unauthorised access.	☒ YES ☐ N/A
Residents of the area have been notified of possible disruptions to access, any noise or dust issues and any likely disruptions to services.	☐ YES ☒ N/A
If applicable has consultation with the asset owner occurred.	☐ YES ☒ N/A
Buildings adjacent to the excavation have been considered as to their stability throughout the excavation process.	☐ YES ☒ N/A
The methods of work have assessed the Manual Handling effects on persons and appropriate controls have been designed and incorporated into the SWMS.	☒ YES ☐ N/A
Has a SWMS been prepared for the works and accepted by the principal contractor. Have all workers signed relevant SWMS. Note* SWMS must be discussed prior to any excavation works commencing. (The SWMS should outline all relevant control measures for exaction and trenching)	☒ YES ☐ N/A
The site has been assessed as to the proximity of plant to overhead power lines and where the distance could be 4.0m or less (<132kV), other control measures are implemented.	☒ YES ☐ N/A
Emergency procedures have been developed and discussed.	☒ YES ☐ N/A
Controls have been considered for any pooling of gases in the excavation.	☒ YES ☐ N/A
All people who are involved in the planning or performing the work have been consulted on the methods of work and other safety issues.	☒ YES ☐ N/A

4 OTHER ITEMS THAT MAY REQUIRE CONTROLLING

ITEM	REQUIRED	ITEM	REQUIRED
Lighting issues	☐ YES ☒ N/A	Airborne and soil contaminants	☒ YES ☐ N/A
Ramps leading to excavation (slope, traction etc)	☐ YES ☒ N/A	Confined Space	☐ YES ☒ N/A
Working near roads	☐ YES ☒ N/A	The use of hazardous chemicals	☐ YES ☒ N/A
Fire protection	☐ YES ☒ N/A	Personal Protective Equipment	☒ YES ☐ N/A
OTHER: (Identify what and how will be controlled below):			☐ YES ☐ N/A

Are existing services within close proximity of planned excavation works? *

☐ YES ☒ NO ☐ N/A

Note* If the above answer is yes, a toolbox talk is to be conducted with workers and attached to this permit. Further control measures may need to be implemented.

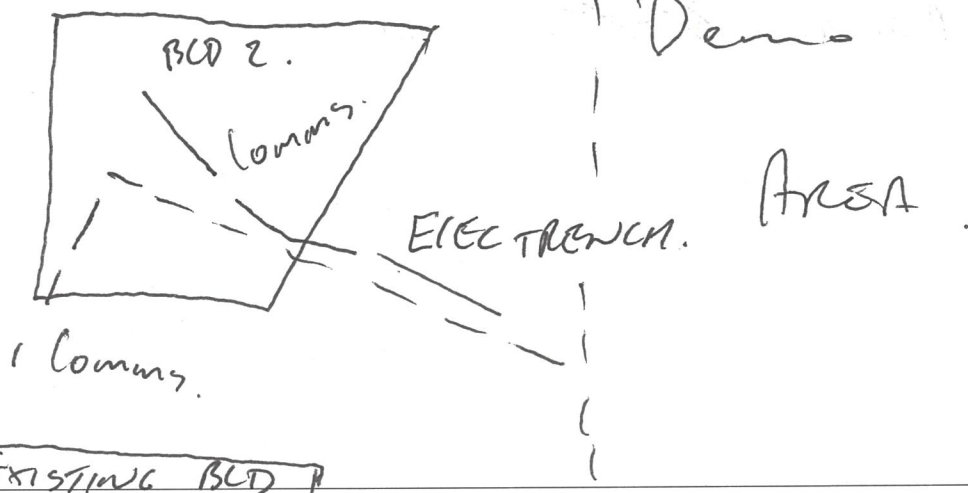
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5 SKETCH OF EXCAVATION

INSTRUCTIONS FOR USE: Draw or insert a sketch of excavation below, include the following:
all existing above ground and below ground services,
adjacent buildings/structures
other trades and machinery (where applicable) and
excavation dimension – length, depth, width
Control measures – benching, battering, shoring.

Aerial View

Back fence.



Side Profile

300



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FORM EXCAVATION PERMIT

6 ACKNOWLEDGEMENT OF SYSTEM PROPOSED

I undertake to ensure that the hazard /precautions identified will be identified and the control measures will be implemented and used by all the employees whose names appear below while conducting the work outlined in this permit.

SIGNED BY PERSON REQUESTING PERMIT:

NAME:	S. G. R.	SIGNATURE:			
POSITION:	OPERATOR	DATE:	13/4/23	TIME:	0600.

6.1 NAMES AND SIGNATURES OF EMPLOYEES WHO WILL WORK UNDER THE PERMIT

NAME:	SIGNATURE:	DATE:	NAME:	SIGNATURE:	DATE:
J. Remfrey		13.09			
B. Duckworth		13/4			

6.2 AUTHORISATION

Having reviewed the safe systems of work as documented in this permit application and having satisfied myself that the system proposed will mitigate the risk of excavation to an acceptable level I approve this permit for the nominated period.

SIGNED BY DIRECT MANAGER / SUPERVISOR:

NAME:	R. G. A.	SIGNATURE:			
POSITION:	Foreman	DATE:	13/4/23	TIME:	7.00

7 COMPLETION OF WORKS

I certify that the work is ☐ Complete / ☐ Incomplete, that all people, materials and tools have been removed from the area, and the area has been returned to a clean and safe condition.

The following unforeseen hazardous conditions were encountered during the completion of this task:

--

SIGNED BY PERSON REQUESTING PERMIT:

NAME:		SIGNATURE:			
POSITION:		DATE:		TIME:	

FORM EXCAVATION PERMIT

PROJECT:	WALLING ST DEPOT	PROJECT / JOB NO:	
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1 GENERAL

PERMIT NO.:		DATE:	3/4/23
SUBMITTED BY:	MICK TROTMAN	SUBMITTED TO:	RGABN
REQUIRED FROM DATE	3/4/23	REQUIRED FROM TIME	6.00 AM
REQUIRED TO DATE	3/5/23	REQUIRED TO TIME	6.00 PM
SWMS NAME	EXCAVATION		
LOCATION OF WORK	ADJACENT & SHEDS		
DESCRIPTION OF WORK:	REMOVE CONCRETE & SLABS		
WIDTH:		DEPTH:	
CONTROL MEASURES	☐ Benching ☐ Battering ☐ Shoring		
EXCAVATION METHOD:	HAND ☒ Shovel ☒ Jackhammer ☐ Other: MACHINE ☐ Backhoe ☒ Excavator ☐ Other:		

2 SITE DRAWINGS AVAILABLE

DRAWINGS	ATTACHED	DATED	COMMENTS
As Constructed Plan	☒ YES ☐ NO ☐ N/A		
All Services Plan	☒ YES ☐ NO ☐ N/A		
Dial Before You Dig (DBYD)	☒ YES ☐ NO ☐ N/A		
Ground Penetrating Radar	☐ YES ☐ NO ☒ N/A		
Manufacturers specifications for shoring	☐ YES ☐ NO ☒ N/A		
Engineer drawings to prevent collapse	☐ YES ☐ NO ☒ N/A		

3 ITEMS THAT HAVE BEEN DEALT WITH PRIOR TO THE ISSUE OF THE PERMIT

INSTRUCTIONS FOR USE: The information contained in this document is intended as a guide and is not intended as a thorough hazard list. You are reminded that it is your responsibility to ensure all hazards are controlled and ensure the safety of all persons arising from your activity.

ITEM	COMPLIANT
All persons have been appropriately trained and are competent to perform their task.	☒ YES ☐ N/A
Access and egress to the site will be safe.	☒ YES ☐ N/A
Site Drawings (as detailed above) have been consulted to locate potential services in the vicinity and will be onsite for the excavation.	☒ YES ☐ N/A
Communication, underground power, water, gas / compressed services have been located and controlled.	☒ YES ☐ N/A
Ground conditions have been assessed e.g. Rock, sand etc.	☒ YES ☐ N/A
Shoring / battering has been designed and provided on site for excavations in unstable ground, at depth greater than 1.5 metres, or where deemed necessary.	☒ YES ☐ N/A
Shoring installation shall be done by competent persons and in accordance with the manufacturers specification or drawings approved by a qualified engineer	☒ YES ☐ N/A

FORM EXCAVATION PERMIT

ITEM	COMPLIANT
Adequate materials are available for proposed shoring?	☒ YES ☒ N/A
Controls have been developed for the inrush of water during the excavation where depth is to be greater than 400 mm.	☐ YES ☒ N/A
Designated area for the placement of removed material has been decided.	☐ YES ☒ N/A
The placement of loads such as machinery and materials that may affect the stability of the excavation have been considered and these risks assessed and controlled.	☒ YES ☐ N/A
The possible effects of machinery, vehicles or other sources of vibration are controlled.	☐ YES ☒ N/A
The methods of person accessing and egressing the excavation have been developed.	☒ YES ☐ N/A
Barriers / barricading to be erected to prevent falls (mobile plant) into excavation or affecting stability of edge of excavation.	☒ YES ☐ N/A
Fencing and signs will be erected for times when the site will be unattended to prevent unauthorised access.	☒ YES ☐ N/A
Other forms of barricading have been erected for works of a minor nature and where the site will be attended for the duration of the project so as to prevent unauthorised access.	☐ YES ☒ N/A
Residents of the area have been notified of possible disruptions to access, any noise or dust issues and any likely disruptions to services.	☐ YES ☒ N/A
If applicable has consultation with the asset owner occurred.	☐ YES ☒ N/A
Buildings adjacent to the excavation have been considered as to their stability throughout the excavation process.	☐ YES ☒ N/A
The methods of work have assessed the Manual Handling effects on persons and appropriate controls have been designed and incorporated into the SWMS.	☒ YES ☐ N/A
Has a SWMS been prepared for the works and accepted by the principal contractor. Have all workers signed relevant SWMS. Note* SWMS must be discussed prior to any excavation works commencing. (The SWMS should outline all relevant control measures for exaction and trenching)	☒ YES ☐ N/A
The site has been assessed as to the proximity of plant to overhead power lines and where the distance could be 4.0m or less (<132kV), other control measures are implemented.	☐ YES ☒ N/A
Emergency procedures have been developed and discussed.	☒ YES ☐ N/A
Controls have been considered for any pooling of gases in the excavation.	☐ YES ☒ N/A
All people who are involved in the planning or performing the work have been consulted on the methods of work and other safety issues.	☒ YES ☐ N/A

4 OTHER ITEMS THAT MAY REQUIRE CONTROLLING

ITEM	REQUIRED	ITEM	REQUIRED
Lighting issues	☐ YES ☒ N/A	Airborne and soil contaminants	☒ YES ☐ N/A
Ramps leading to excavation (slope, traction etc)	☐ YES ☐ N/A	Confined Space	☐ YES ☒ N/A
Working near roads	☐ YES ☒ N/A	The use of hazardous chemicals	☒ YES ☐ N/A
Fire protection	☐ YES ☒ N/A	Personal Protective Equipment	☒ YES ☐ N/A
OTHER: (Identify what and how will be controlled below):			☐ YES ☐ N/A

Are existing services within close proximity of planned excavation works? *

☐ YES ☐ NO ☐ N/A

Note* If the above answer is yes, a toolbox talk is to be conducted with workers and attached to this permit. Further control measures may need to be implemented.

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FORM EXCAVATION PERMIT

5 SKETCH OF EXCAVATION

INSTRUCTIONS FOR USE: Draw or insert a sketch of excavation below, include the following:

all existing above ground and below ground services,

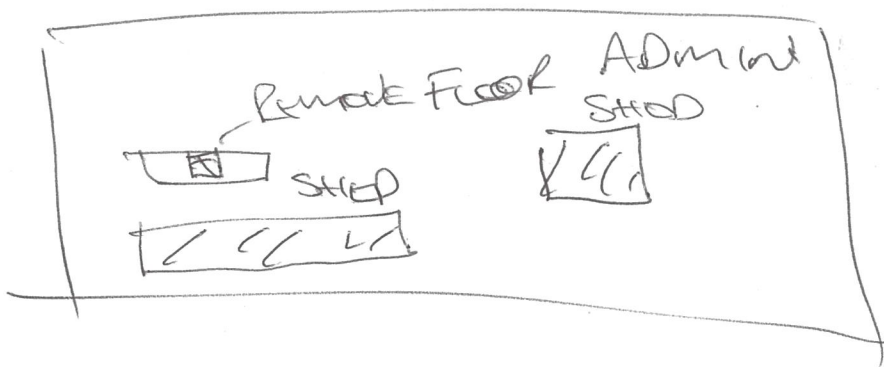
adjacent buildings/structures

other trades and machinery (where applicable) and

excavation dimension – length, depth, width

Control measures – benching, battering, shoring.

Aerial View



Side Profile

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FORM EXCAVATION PERMIT

6 ACKNOWLEDGEMENT OF SYSTEM PROPOSED

I undertake to ensure that the hazard /precautions identified will be identified and the control measures will be implemented and used by all the employees whose names appear below while conducting the work outlined in this permit.

SIGNED BY PERSON REQUESTING PERMIT:

NAME:	Mick Treisman	SIGNATURE:			
POSITION:	Supervisor	DATE:	3/5/23	TIME:	7:00

6.1 NAMES AND SIGNATURES OF EMPLOYEES WHO WILL WORK UNDER THE PERMIT

NAME:	SIGNATURE:	DATE:	NAME:	SIGNATURE:	DATE:
Mick Treisman					
Lucy					

6.2 AUTHORISATION

Having reviewed the safe systems of work as documented in this permit application and having satisfied myself that the system proposed will mitigate the risk of excavation to an acceptable level I approve this permit for the nominated period.

SIGNED BY DIRECT MANAGER / SUPERVISOR:

NAME:	Deanna	SIGNATURE:			
POSITION:	Foreman	DATE:	3/5/23	TIME:	7:00

7 COMPLETION OF WORKS

I certify that the work is ☐ Complete / ☐ Incomplete, that all people, materials and tools have been removed from the area, and the area has been returned to a clean and safe condition.

The following unforeseen hazardous conditions were encountered during the completion of this task:

--

SIGNED BY PERSON REQUESTING PERMIT:

NAME:		SIGNATURE:			
POSITION:		DATE:		TIME:	



PROJECT:	WELLINGTON ST	PROJECT / JOB NO:	
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1 GENERAL

PERMIT NO.:		DATE:	6/4/23
SUBMITTED BY:	ANDY	SUBMITTED TO:	R. GABRIELLI
REQUIRED FROM DATE	6/4/23	REQUIRED FROM TIME	7.00
REQUIRED TO DATE	6/5/23	REQUIRED TO TIME	6.00
SWMS NAME	EXCAVATION		
LOCATION OF WORK	AMONITIES ADMIN CARPARK		
DESCRIPTION OF WORK:	INSTALL NEW DRAINAGE		
WIDTH:		DEPTH:	
CONTROL MEASURES	☒ Benching ☐ Battering ☐ Shoring		
EXCAVATION METHOD:	HAND ☒ Shovel ☒ Jackhammer ☐ Other: MACHINE ☐ Backhoe ☒ Excavator ☐ Other:		

2 SITE DRAWINGS AVAILABLE

DRAWINGS	ATTACHED	DATED	COMMENTS
As Constructed Plan	☒ YES ☐ NO ☐ N/A		
All Services Plan	☒ YES ☐ NO ☐ N/A		
Dial Before You Dig (DBYD)	☒ YES ☐ NO ☐ N/A		
Ground Penetrating Radar	☐ YES ☐ NO ☒ N/A		
Manufacturers specifications for shoring	☒ YES ☐ NO ☒ N/A		
Engineer drawings to prevent collapse	☐ YES ☐ NO ☒ N/A		

3 ITEMS THAT HAVE BEEN DEALT WITH PRIOR TO THE ISSUE OF THE PERMIT

INSTRUCTIONS FOR USE: The information contained in this document is intended as a guide and is not intended as a thorough hazard list. You are reminded that it is your responsibility to ensure all hazards are controlled and ensure the safety of all persons arising from your activity.

ITEM	COMPLIANT
All persons have been appropriately trained and are competent to perform their task.	☒ YES ☐ N/A
Access and egress to the site will be safe.	☒ YES ☐ N/A
Site Drawings (as detailed above) have been consulted to locate potential services in the vicinity and will be onsite for the excavation.	☒ YES ☐ N/A
Communication, underground power, water, gas / compressed services have been located and controlled.	☒ YES ☐ N/A
Ground conditions have been assessed e.g. Rock, sand etc.	☒ YES ☐ N/A
Shoring / battering has been designed and provided on site for excavations in unstable ground, at depth greater than 1.5 metres, or where deemed necessary.	☒ YES ☐ N/A
Shoring installation shall be done by competent persons and in accordance with the manufacturers specification or drawings approved by a qualified engineer	☒ YES ☐ N/A

FORM EXCAVATION PERMIT

ITEM	COMPLIANT
Adequate materials are available for proposed shoring?	☐ YES ☐ N/A
Controls have been developed for the inrush of water during the excavation where depth is to be greater than 400 mm.	☒ YES ☐ N/A
Designated area for the placement of removed material has been decided.	☒ YES ☐ N/A
The placement of loads such as machinery and materials that may affect the stability of the excavation have been considered and these risks assessed and controlled.	☒ YES ☐ N/A
The possible effects of machinery, vehicles or other sources of vibration are controlled.	☒ YES ☐ N/A
The methods of person accessing and egressing the excavation have been developed.	☒ YES ☐ N/A
Barriers / barricading to be erected to prevent falls (mobile plant) into excavation or affecting stability of edge of excavation.	☒ YES ☐ N/A
Fencing and signs will be erected for times when the site will be unattended to prevent unauthorised access.	☐ YES ☒ N/A
Other forms of barricading have been erected for works of a minor nature and where the site will be attended for the duration of the project so as to prevent unauthorised access.	☐ YES ☒ N/A
Residents of the area have been notified of possible disruptions to access, any noise or dust issues and any likely disruptions to services.	☐ YES ☒ N/A
If applicable has consultation with the asset owner occurred.	☐ YES ☒ N/A
Buildings adjacent to the excavation have been considered as to their stability throughout the excavation process.	☐ YES ☒ N/A
The methods of work have assessed the Manual Handling effects on persons and appropriate controls have been designed and incorporated into the SWMS.	☒ YES ☐ N/A
Has a SWMS been prepared for the works and accepted by the principal contractor. Have all workers signed relevant SWMS. Note* SWMS must be discussed prior to any excavation works commencing. (The SWMS should outline all relevant control measures for exaction and trenching)	☒ YES ☐ N/A
The site has been assessed as to the proximity of plant to overhead power lines and where the distance could be 4.0m or less (<132kV), other control measures are implemented.	☒ YES ☐ N/A
Emergency procedures have been developed and discussed.	☐ YES ☐ N/A
Controls have been considered for any pooling of gases in the excavation.	☒ YES ☐ N/A
All people who are involved in the planning or performing the work have been consulted on the methods of work and other safety issues.	☒ YES ☐ N/A

4 OTHER ITEMS THAT MAY REQUIRE CONTROLLING

ITEM	REQUIRED	ITEM	REQUIRED
Lighting issues	☐ YES ☒ N/A	Airborne and soil contaminants	☒ YES ☐ N/A
Ramps leading to excavation (slope, traction etc)	☐ YES ☒ N/A	Confined Space	☐ YES ☒ N/A
Working near roads	☐ YES ☒ N/A	The use of hazardous chemicals	☒ YES ☐ N/A
Fire protection	☐ YES ☒ N/A	Personal Protective Equipment	☒ YES ☐ N/A
OTHER: (Identify what and how will be controlled below):			☐ YES ☐ N/A

Are existing services within close proximity of planned excavation works? *

☐ YES ☐ NO ☐ N/A

Note* If the above answer is yes, a toolbox talk is to be conducted with workers and attached to this permit. Further control measures may need to be implemented.

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FORM EXCAVATION PERMIT

6 ACKNOWLEDGEMENT OF SYSTEM PROPOSED

I undertake to ensure that the hazard /precautions identified will be identified and the control measures will be implemented and used by all the employees whose names appear below while conducting the work outlined in this permit.

SIGNED BY PERSON REQUESTING PERMIT:

NAME:	Ami	SIGNATURE:			
POSITION:	Superintendent	DATE:	6-4-23	TIME:	7:00

6.1 NAMES AND SIGNATURES OF EMPLOYEES WHO WILL WORK UNDER THE PERMIT

NAME:	SIGNATURE:	DATE:	NAME:	SIGNATURE:	DATE:
MIC		20/4			

6.2 AUTHORISATION

Having reviewed the safe systems of work as documented in this permit application and having satisfied myself that the system proposed will mitigate the risk of excavation to an acceptable level I approve this permit for the nominated period.

SIGNED BY DIRECT MANAGER / SUPERVISOR:

NAME:	Ram	SIGNATURE:			
POSITION:	Form	DATE:	6-4-23	TIME:	7:00

7 COMPLETION OF WORKS

I certify that the work is ☐ Complete / ☐ Incomplete, that all people, materials and tools have been removed from the area, and the area has been returned to a clean and safe condition.

The following unforeseen hazardous conditions were encountered during the completion of this task:

--

SIGNED BY PERSON REQUESTING PERMIT:

NAME:		SIGNATURE:			
POSITION:		DATE:		TIME:	

FORM EXCAVATION PERMIT

5 SKETCH OF EXCAVATION

INSTRUCTIONS FOR USE: Draw or insert a sketch of excavation below, include the following:

all existing above ground and below ground services,

adjacent buildings/structures

other trades and machinery (where applicable) and

excavation dimension – length, depth, width

Control measures – benching, battering, shoring.

Aerial View

Side Profile

EXCAVATION PERMIT

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PROJECT:

Warrington ST

PROJECT / JOB NO:

1 GENERAL

PERMIT NO.:			DATE:		
SUBMITTED BY:	Bevern MacKinnon		SUBMITTED TO:	D. GABRIELLI	
REQUIRED FROM DATE	20/9/23		REQUIRED FROM TIME	6.00 AM	
REQUIRED TO DATE	30/10/23		REQUIRED TO TIME	6.00 PM	
SWMS NAME	EXCAVATION				
LOCATION OF WORK	WARRINGTON ST BETWEEN BUILD 3-4				
DESCRIPTION OF WORK:	DIG OUT SUBGRADE				
WIDTH:	30m		DEPTH:	400mm	
CONTROL MEASURES	☐ Benching		☐ Battering		☐ Shoring
EXCAVATION METHOD:	HAND	☐ Shovel	☐ Jackhammer	☐ Other:	
	MACHINE	☐ Backhoe	☒ Excavator	☐ Other:	

2 SITE DRAWINGS AVAILABLE

DRAWINGS	ATTACHED	DATED	COMMENTS
As Constructed Plan	☐ YES ☐ NO ☐ N/A		
All Services Plan	☒ YES ☐ NO ☐ N/A		
Dial Before You Dig (DBYD)	☐ YES ☐ NO ☐ N/A		
Ground Penetrating Radar	☐ YES ☐ NO ☒ N/A		
Manufacturers specifications for shoring	☐ YES ☐ NO ☒ N/A		
Engineer drawings to prevent collapse	☒ YES ☐ NO ☐ N/A		

3 ITEMS THAT HAVE BEEN DEALT WITH PRIOR TO THE ISSUE OF THE PERMIT

INSTRUCTIONS FOR USE: The information contained in this document is intended as a guide and is not intended as a thorough hazard list. You are reminded that it is your responsibility to ensure all hazards are controlled and ensure the safety of all persons arising from your activity.

ITEM	COMPLIANT
All persons have been appropriately trained and are competent to perform their task.	☒ YES ☐ N/A
Access and egress to the site will be safe.	☐ YES ☐ N/A
Site Drawings (as detailed above) have been consulted to locate potential services in the vicinity and will be onsite for the excavation.	☒ YES ☐ N/A
Communication, underground power, water, gas / compressed services have been located and controlled.	☒ YES ☐ N/A
Ground conditions have been assessed e.g. Rock, sand etc.	☒ YES ☐ N/A
Shoring / battering has been designed and provided on site for excavations in unstable ground, at depth greater than 1.5 metres, or where deemed necessary.	☒ YES ☐ N/A
Shoring installation shall be done by competent persons and in accordance with the manufacturers specification or drawings approved by a qualified engineer	☒ YES ☐ N/A

FORM EXCAVATION PERMIT

ITEM	COMPLIANT
Adequate materials are available for proposed shoring?	☐ YES ☒ N/A
Controls have been developed for the inrush of water during the excavation where depth is to be greater than 400 mm.	☐ YES ☒ N/A
Designated area for the placement of removed material has been decided.	☒ YES ☐ N/A
The placement of loads such as machinery and materials that may affect the stability of the excavation have been considered and these risks assessed and controlled.	☒ YES ☐ N/A
The possible effects of machinery, vehicles or other sources of vibration are controlled.	☒ YES ☐ N/A
The methods of person accessing and egressing the excavation have been developed.	☒ YES ☐ N/A
Barriers / barricading to be erected to prevent falls (mobile plant) into excavation or affecting stability of edge of excavation.	☒ YES ☐ N/A
Fencing and signs will be erected for times when the site will be unattended to prevent unauthorised access.	☒ YES ☐ N/A
Other forms of barricading have been erected for works of a minor nature and where the site will be attended for the duration of the project so as to prevent unauthorised access.	☒ YES ☐ N/A
Residents of the area have been notified of possible disruptions to access, any noise or dust issues and any likely disruptions to services.	☐ YES ☒ N/A
If applicable has consultation with the asset owner occurred.	☒ YES ☐ N/A
Buildings adjacent to the excavation have been considered as to their stability throughout the excavation process.	☒ YES ☐ N/A
The methods of work have assessed the Manual Handling effects on persons and appropriate controls have been designed and incorporated into the SWMS.	☒ YES ☐ N/A
Has a SWMS been prepared for the works and accepted by the principal contractor. Have all workers signed relevant SWMS. Note* SWMS must be discussed prior to any excavation works commencing. (The SWMS should outline all relevant control measures for exaction and trenching)	☒ YES ☐ N/A
The site has been assessed as to the proximity of plant to overhead power lines and where the distance could be 4.0m or less (<132kV), other control measures are implemented.	☒ YES ☐ N/A
Emergency procedures have been developed and discussed.	☒ YES ☐ N/A
Controls have been considered for any pooling of gases in the excavation.	☒ YES ☐ N/A
All people who are involved in the planning or performing the work have been consulted on the methods of work and other safety issues.	☒ YES ☐ N/A

4 OTHER ITEMS THAT MAY REQUIRE CONTROLLING

ITEM	REQUIRED	ITEM	REQUIRED
Lighting issues	☐ YES ☒ N/A	Airborne and soil contaminants	☒ YES ☐ N/A
Ramps leading to excavation (slope, traction etc)	☐ YES ☒ N/A	Confined Space	☐ YES ☒ N/A
Working near roads	☒ YES ☐ N/A	The use of hazardous chemicals	☐ YES ☒ N/A
Fire protection	☐ YES ☒ N/A	Personal Protective Equipment	☒ YES ☐ N/A
OTHER: (Identify what and how will be controlled below):			☐ YES ☐ N/A

Are existing services within close proximity of planned excavation works? *

☒ YES ☐ NO ☐ N/A

Note* If the above answer is yes, a toolbox talk is to be conducted with workers and attached to this permit. Further control measures may need to be implemented.

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6 ACKNOWLEDGEMENT OF SYSTEM PROPOSED

I undertake to ensure that the hazard /precautions identified will be identified and the control measures will be implemented and used by all the employees whose names appear below while conducting the work outlined in this permit.

SIGNED BY PERSON REQUESTING PERMIT:

NAME:	Sevan Mackinnon	SIGNATURE:			
POSITION:		DATE:		TIME:	

6.1 NAMES AND SIGNATURES OF EMPLOYEES WHO WILL WORK UNDER THE PERMIT

NAME:	SIGNATURE:	DATE:	NAME:	SIGNATURE:	DATE:
J. FARRELL		23/10/23			
Sevan Mackinnon					
R. Macpherson					
R. Carr					

6.2 AUTHORISATION

Having reviewed the safe systems of work as documented in this permit application and having satisfied myself that the system proposed will mitigate the risk of excavation to an acceptable level I approve this permit for the nominated period.

SIGNED BY DIRECT MANAGER / SUPERVISOR:

NAME:	R. GABRIELLI	SIGNATURE:			
POSITION:	Supervisor	DATE:	20/9/23	TIME:	7.00 AM

7 COMPLETION OF WORKS

I certify that the work is ☐ Complete / ☐ Incomplete, that all people, materials and tools have been removed from the area, and the area has been returned to a clean and safe condition.

The following unforeseen hazardous conditions were encountered during the completion of this task:

--

SIGNED BY PERSON REQUESTING PERMIT:

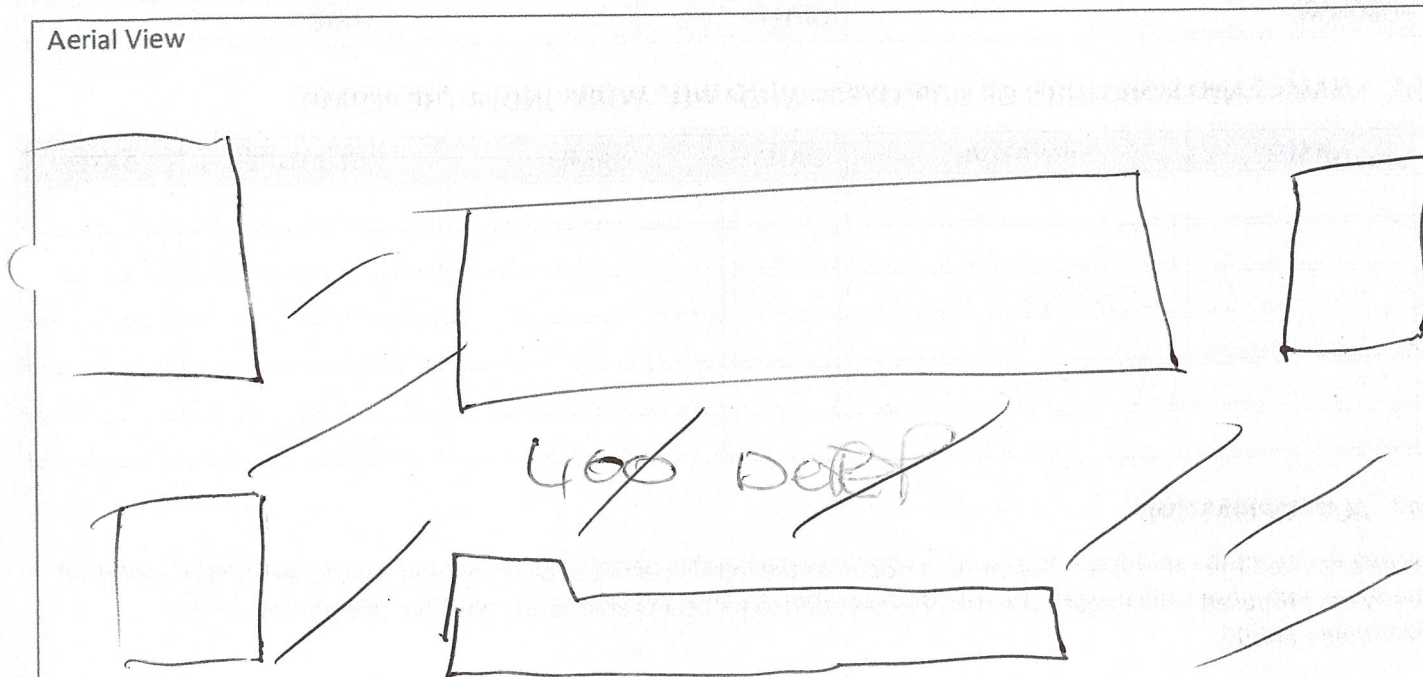
NAME:		SIGNATURE:			
POSITION:		DATE:		TIME:	

FORM EXCAVATION PERMIT

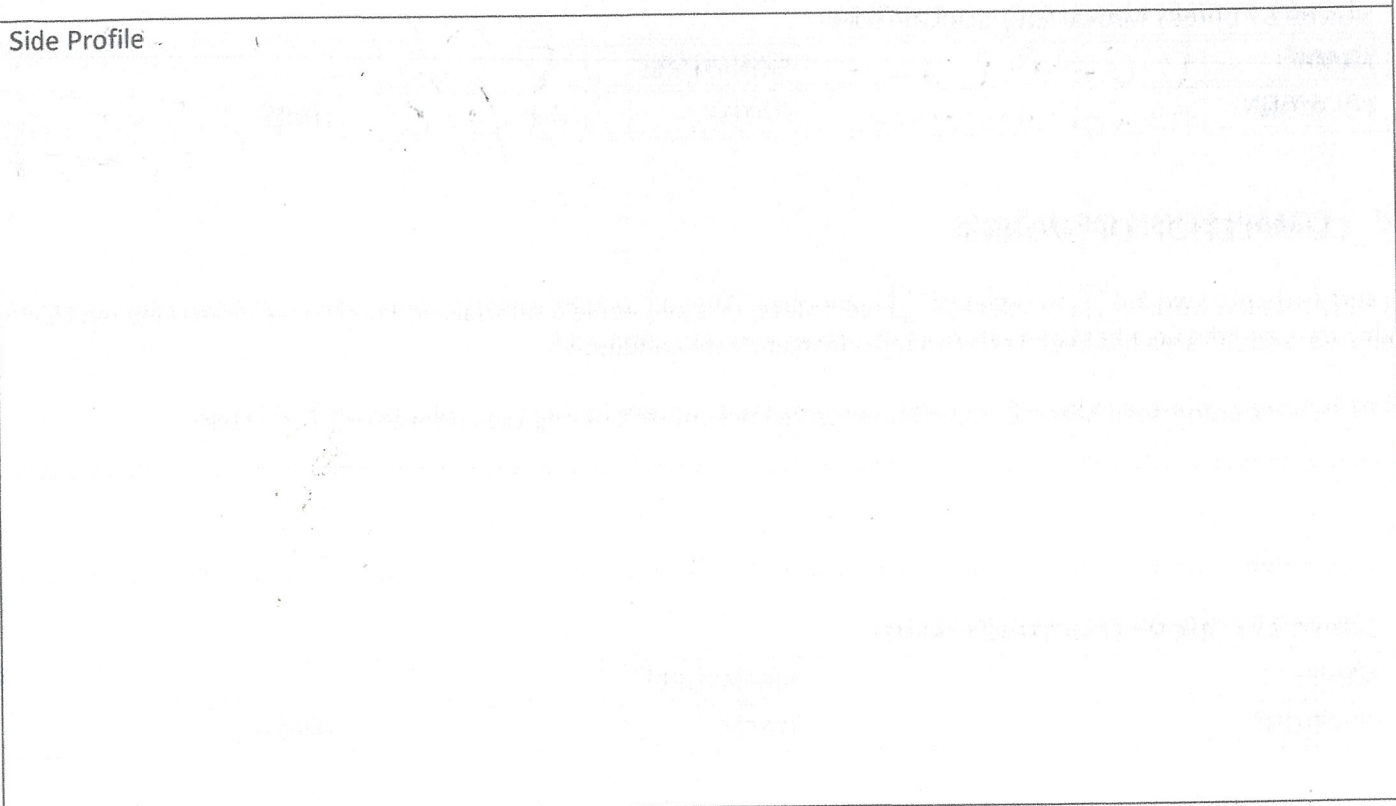
5 SKETCH OF EXCAVATION

INSTRUCTIONS FOR USE: Draw or insert a sketch of excavation below, include the following:
all existing above ground and below ground services,
adjacent buildings/structures
other trades and machinery (where applicable) and
excavation dimension – length, depth, width
Control measures – benching, battering, shoring.

Aerial View



Side Profile



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FORM HOT WORKS PERMIT

PROJECT:	Wellington Street	PROJECT / JOB NO:	
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GENERAL

PERMIT NO.:		DATE / TIME:	20/07 8:30am
SUBMITTED BY:	Walt Hec / Brendan	SUBMITTED TO:	
LOCATION OF WORK	Common Room A/C in		
DESCRIPTION OF WORK:	Install split system		

PROPOSED CONTROL MEASURES

☐ Atmospheric Monitoring	☐ Fume Extraction Equipment
☐ Wet Down Area	☐ UV Protection
☐ Fire Blanket	☐ Flameproof Equipment
☒ Flameproof Clothing	☐ Fire Sentry
☐ Warning Signs	☒ Fire Extinguisher (Identify below)
☐ Screens	
☐ Other: (Identify)	
☐ Other: (Identify)	
☐ Other: (Identify)	
☐ Other: (Identify)	

CERTIFICATIONS

CERTIFICATION BY WORKER

I certify that I have read and fully understand the safety requirements specified in this permit application.

SIGNED BY WORKER WHO WILL BE UNDERTAKING HOT WORK:

NAME:	Brendan Tibbey	SIGNATURE:	B. Tibbey	DATE:	20/07/23
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CERTIFICATION BY FIRE WATCH

I certify that I have read and fully understand the safety requirements specified in this permit application.

SIGNED BY PERSON UNDERTAKING FIRE WATCH:

NAME:	Brendan Tibbey	SIGNATURE:	B. Tibbey	DATE:	20/07/23
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CERTIFICATION BY RESPONSIBLE PERSON

I certify that the procedures & precautions stated in this permit application shall be strictly followed. I further certify that all persons involved in the activity have been briefed in regards to their responsibilities.

SIGNED BY RESPONSIBLE PERSON:

NAME:	John Ward	SIGNATURE:	J. Ward	DATE:	20/07/23
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FORM HOT WORKS PERMIT

INSTRUCTIONS: Once completed, this permit application must be submitted to the Authorising Officer for their approval and issue of the permit. No work may commence until the Permit to Work has been registered with the site supervisor.

***Note:** Should work cease for any reason for a period in excess of 4 hours a new permit must be issued. (The new permit may be issued against this application unless previously unforeseen circumstances arise.)*

AUTHORISATION

CERTIFICATION BY AUTHORISING OFFICER

I have reviewed the procedures and precautions specified in this permit application and authorise the work to commence.

SIGNED BY AUTHORISING OFFICER:

NAME:		SIGNATURE:		DATE:	
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This written authority is valid until:	DATE:		TIME:	
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COMPLETION OF WORK

CERTIFICATION BY WORKER UNDERSTANDING HOT WORK / RESPONSIBLE PERSON

I certify that the work is **complete / incomplete** and that all people, materials and tools have been removed from the area and the area has been returned to a clean and safe condition.

The following unforeseen hazardous conditions were encountered during the completion of this task:

--

SIGNED BY WORKER UNDERTAKING HOT WORK / RESPONSIBLE PERSON:

NAME:		SIGNATURE:		DATE:	
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CERTIFICATION BY AUTHORISED PERSON

I have personally checked that the clearances certified above are correct and this permit is now cancelled.
I have notified the relevant parties of the unforeseen hazardous conditions.

SIGNED BY RESPONSIBLE PERSON:

NAME:		SIGNATURE:		DATE:	
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This written authority was cancelled at:	DATE:		TIME:	
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FORM

WORK AT HEIGHT PERMIT

PROJECT:	WELLINGTON.	PROJECT / JOB NO:	
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SECTION 1 – WORK AT HEIGHTS / ACCESS DETAILS

PERMIT NO.:		DATE SUBMITTED:	
DATE PERMIT VALID FROM:	27-11-23	DATE PERMIT VALID TO:	1-12-23
SUBMITTED BY:		SUBMITTED TO:	
LOCATION OF WORK	Roof 2, 3 + 4		
METHOD OF ACCESS / WORK AT HEIGHTS:	LADDER.		

SECTION 2 – WORK AT HEIGHTS AND ACCESS PERMIT REQUIREMENTS

INSTRUCTIONS: As per the method of access / work at heights described in the Risk Assessment, identify control requirements in the relevant parts below or mark as not applicable.

For more information refer to CON23-REF-01 How to Manage Work at Heights.

ELEVATED WORK PLATFORM (EWP) REQUIREMENTS

☐ YES ☐ NO ☐ N/A

EWP CONTROLS	YES OR N/A	IF YES, DETAIL ADDITIONAL CONTROL METHODS
Minimum clearance distances will need to be maintained from overhead hazards (power lines, structures, moving plant, etc.	☒ YES ☐ N/A	
Specific controls will be required to ensure an appropriate ground / surface slope for placement of the EWP.	☒ YES ☐ N/A	
Barriers or signage will need to be erected around the EWP (to restrict access by persons or other plant items)	☒ YES ☐ N/A	
EWP of boom length >11m & will require a certified operator	☒ YES ☐ N/A	
People using the EWP will be familiar with set-up, control of the EWP and emergency egress.	☒ YES ☐ N/A	
Fall protection equipment inspected and verified by supervisor prior to use	☒ YES ☐ N/A	
Other:	☐ YES ☐ N/A	

SCAFFOLDING REQUIREMENTS

☐ YES ☐ NO ☒ N/A

TYPE OF SCAFFOLDING	YES OR N/A
Prefabricated scaffold (fixed length components, fittings and general design configuration)	☐ YES ☒ N/A
Mobile scaffold (free-standing, movable scaffold)	☐ YES ☒ N/A
Tube and couple scaffold (variable lengths of tube, couple attachments and configurations)	☐ YES ☒ N/A
Complex scaffold (cantilevered, hung, other complex configuration): Details	☐ YES ☒ N/A

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FORM

WORK AT HEIGHT PERMIT

The scaffold will be erected / dismantled by a certified scaffolder (mandatory if deck is >4m from ground surface)	☐ YES ☒ N/A
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TYPE OF SCAFFOLDING	YES OR N/A
A scaffold plan has been developed. Provide plan or drawing number / reference:	☐ YES ☒ N/A
Barriers will be erected around the scaffold during erection / dismantling (to prevent potential falling objects incidents).	☒ YES ☐ N/A
The scaftag process will be used to clearly identify safe scaffold access conditions	☐ YES ☒ N/A
To ensure the safety of those erecting / dismantling, indicate which of the following will be implemented:	
A prescribed scaffold work method will be used (immediate and progressive installation of platform and edge protection, internal ladder/stair access and retention of full deck to ensure falls > 2m are prevented.)	☐ YES ☒ N/A
A fall arrest harness system will be used (only suitable where anchorages of 15kN and safe fall clearances exit.)	☐ YES ☒ N/A
An alternative safe work at height method will be used as detailed below.	☒ YES ☐ N/A
The scaffold is to be a fixed scaffold that will be: Safely secured via scaffold ties and appropriate base plate supports, Erected with adequate access provisions, edge protection and falling object protection	☐ YES ☒ N/A
The scaffold is to be a mobile scaffold that will be: - No greater than 9m high or 3-times the smallest base dimension, - Supported on adjustable and lockable castors to ensure the scaffold is level and not able to move when locked, - Erected with adequate access provisions, edge protection and falling object protection	☐ YES ☒ N/A
Fall protection equipment inspected and verified by supervisor prior to use	☒ YES ☐ N/A

TEMPORARY EDGE PROTECTION OR COVER REQUIREMENTS

☐ YES ☐ NO ☒ N/A

TYPE OF TEMPORARY EDGE PROTECTION OR COVER:	YES OR N/A
Fixed handrails along an unprotected edge or guardrails along an unprotected rooftop edge	☐ YES ☐ N/A
Movable edge protection, secured in place around a penetration	☐ YES ☐ N/A
Movable cover, secured in place over a penetration (adequate for potential loadings of people & equipment)	☐ YES ☐ N/A

EDGE PROTECTION OR COVER CONTROLS:	YES OR N/A	IF YES, DETAIL ADDITIONAL CONTROL METHODS
Specific controls will be required to fix a movable cover in place and clearly warn people of its location.	☐ YES ☒ N/A	
Specific controls will be required to ensure the edge protection can be erected from a safe location and without the installing person being exposed to a fall hazard	☐ YES ☒ N/A	

FORM

WORK AT HEIGHT PERMIT

Due to the nature of edge protection to be secured a certified scaffolder or similar competent person, will be required to set up the temporary edge protection	☐ YES ☒ N/A	
Fall protection equipment inspected and verified by supervisor prior to use	☐ YES ☒ N/A	

EDGE PROTECTION OR COVER CONTROLS:	YES OR N/A	IF YES, DETAIL ADDITIONAL CONTROL METHODS
Mandatory if setting up edge protection rather than a cover – The edge protection to be set-up will be: Capable of withstanding the potential force of a person falling downwards or outwards onto the barrier, At least 900mm high with additional rails, infill, etc. to prevent persons falling through or under the barrier, Not able to be dislodged from an edge or from over a penetration by a person falling against it.	☐ YES ☒ N/A	

PERSONAL FALL PROTECTIVE EQUIPMENT REQUIREMENTS

☒ YES ☐ NO ☐ N/A

TYPE OF SYSTEM TO BE USED:	YES OR N/A
Travel restraint system (Use of harness, suitable attachments, anchorage line that does not allow a person into a fall position) - Has equipment and anchorage(s) been inspected and verified by a competent person - Have temporary anchorages installed/removed as per specification - Will have an adequate anchorage(s) to withstand potential loadings (15KN for single person attachment, 21kn for two persons) - Will enable people to attach to the system prior to being in a position where they could fall - Will not come into contact with anything that could affect the integrity of the system - If it is a fixed/permanent system – inspection records have been reviewed and are current (☐ YES / ☐ NO)	☒ YES ☐ N/A
Fall arrest system (Use of a harness, lanyard assembly/shock absorbing device, anchorage, in a potential fall position): - Has equipment and anchorage(s) been inspected and verified by a competent person - Have temporary anchorages installed/removed as per specification - Will have an adequate anchorage(s) to withstand potential loadings (15KN for single person attachment, 21kn for two persons) - Will enable people to attach to the system prior to being in a position where they could fall - Will not come into contact with anything that could affect the integrity of the system - Will consist of a device (shock absorbing device) to ensure that no greater than 6kN of force could be applied to a falling person - Will allow enough fall clearance for those who may fall, once force has been applied to all system components - If it is a fixed/permanent system – inspection records have been reviewed and are current (☐ YES / ☐ NO) - Will enable a rescue/retrieval method to be implemented (provide details below)	☒ YES ☐ N/A

RESCUE RETRIEVAL CONSIDERATIONS

☒ YES ☐ NO ☐ N/A

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FORM

WORK AT HEIGHT PERMIT

MINIMUM PROVISIONS REQUIRED:	YES OR N/A	PROVIDE ADDITIONAL DETAILS – SPECIFICALLY FOR COMPLEX SCENARIOS:
Stand-by person	☒ YES ☐ N/A	
Safety harness/rescue kit in vicinity with competent user(s)	☒ YES ☐ N/A	

MINIMUM PROVISIONS REQUIRED:	YES OR N/A	PROVIDE ADDITIONAL DETAILS – SPECIFICALLY FOR COMPLEX SCENARIOS:
Specific retrieval equipment / plant items	☒ YES ☐ N/A	LADDER.
Other	☐ YES ☐ N/A	

FALLING OBJECT AND OTHER PRECAUTIONS

☒ YES ☐ NO ☐ N/A

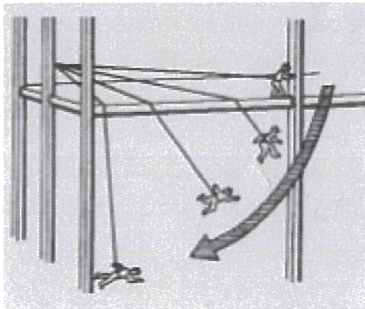
MINIMUM PROVISIONS REQUIRED:	YES OR N/A	PROVIDE CLARIFYING DETAILS AS REQUIRED:
Temporary barrier mesh to restrict access	☒ YES ☐ N/A	
Tool restraints / lanyards to be used at height	☐ YES ☒ N/A	
Catch platforms / decks for falling objects	☐ YES ☒ N/A	
Covers over sharp roof / plant edges	☒ YES ☐ N/A	
Head Protection	☒ YES ☐ N/A	
Specific access clearance / keys for controlled areas	☒ YES ☐ N/A	
Warning notices / barricades required	☒ YES ☐ N/A	
Specific Lighting provisions required	☐ YES ☒ N/A	
Other (Attach other documents / plans as prepared)	☒ YES ☐ N/A	

THE PENDULUM EFFECT

When working with an extended line such as a fall-arrest system, there is a concern that if a worker fell and was suspended, injuries may result because the 'pendulum effect'. Where it can be anticipated that the work may have to be undertaken with the use of a fall-arrest system, planned anchorage points should be in place to help reduce the length of line that is to be connected to the employee.

FORM

WORK AT HEIGHT PERMIT



Remember, the use of a fall arrest harness is not the preferable method, as it does not stop the individual from falling.

Also, with the exception of a mine rescue harness which has a built in seat, the safe amount of time an individual may be kept in a harness after a fall is approximately 15 minutes. Harnesses can cut off the blood supply to the lower limbs which are why there needs to be ready access to the rescue system when fall arrest systems are used.

INSPECTION REQUIREMENTS

☒ YES ☐ NO ☐ N/A

ITEMS REQUIRING INSPECTION	INSPECTION FREQUENCY	YES OR N/A	IF YES, INSERT DATE WHEN INSPECTION WAS COMPLETED
Personal equipment including harnesses, lanyards, connectors, fall-arrest devices including common use devices	Inspection by before and after each by worker	☒ YES ☐ N/A	
Harnesses, lanyards, associated personal equipment, Fall-arrest devices (external inspection only), Ropes and slings	6-monthly inspection by a competent person	☒ YES ☐ N/A	
Anchorage—drilled-in type or attached to timber frames Anchorage—other types	12-monthly inspection by a competent person. or as recommended by the manufacturer to a maximum of 5-yearly. 12-monthly inspection in the absence of such recommendations	☒ YES ☐ N/A	
Fall-arrest devices—full service	12-monthly inspection by a competent person. or as recommended by the manufacturer to a maximum of 5-yearly. 12-monthly inspection in the absence of such recommendations	☒ YES ☐ N/A	
Horizontal and vertical lifelines—steel rope or rail	12-monthly inspection by a competent person. or as recommended by the manufacturer to a maximum of 5-yearly. 12-monthly inspection in the absence of such recommendations	☒ YES ☐ N/A	
Horizontal or vertical lifelines —fibre rope —webbing	6-monthly inspection by a competent person	☒ YES ☐ N/A	
All items of personal and common use equipment	Inspection by a competent person on entry or re-entry into service	☒ YES ☐ N/A	
All items which have been stressed as a result of a fall.	Inspection by a competent person before further use	☒ YES ☐ N/A	

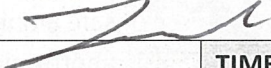
SYSTEM PROPOSED

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FORM WORK AT HEIGHT PERMIT

I undertake to ensure that the safe working at heights system outlined in the preceding pages will be implemented and used by all of the employees whose names appear below while conducting the work outlined in this permit.

SIGNED BY PERSON PROPOSING SYSTEM:

NAME:	FARID ISAAC	SIGNATURE:			
POSITION:	CONTRACTOR	DATE:		TIME:	

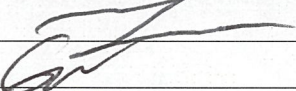
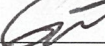
AUTHORISATION

Having reviewed the safe systems of work as documented in this permit application, and having satisfied myself that the system proposed will mitigate the risk of falls from height to an acceptable level I approve this permit.

SIGNED BY DIRECT MANAGER / SUPERVISOR:

NAME:		SIGNATURE:			
POSITION:		DATE:		TIME:	

NAMES AND SIGNATURES OF EMPLOYEES WHO WILL WORK UNDER THE PERMIT

NAME:	SIGNATURE:	DATE:
FARID ISAAC		27-11-23
Glenn Nixon		27-11-23
Levi Isaac	L. ISAAC	27-11-23

FORM

SITE INDUCTION QUESTIONNAIRE

INSTRUCTIONS FOR USE: Employees / Contractors - Please tick the corresponding box to indicate the answer that is correct – please note that multiple answers may apply. Once completed hand to the person conducting the Site Induction along with the completed Record of Site Induction form.

Name:		Date:	
1.	The Nominated First Aiders on site are: _____ and _____	2.	If I identify a hazard, I must: A. Take steps to make it safe, if safe to do so. ☐ B. Inform other workers in the area. ☐ C. Notify Site Supervisor. ☐ D. Post pictures of it on Facebook. ☐
3.	The nominated evacuation point is:	4.	If I'm not confident or experienced in completing a task, I should ask for assistance or instruction. A. True ☐ B. False ☐
5.	Smoking is allowed in the following areas onsite: A. Site office ☐ B. Where I'm working ☐ C. In the designated smoking area ☐	6.	Permits to work are required for the following activities: A. Excavation ☐ B. Hot Works ☐ C. Work at Heights ☐ D. Confined Space ☐ E. Ladders ☐
7.	A work at heights permit is required when: A. Working in or on plant that elevates ☐ B. When I'm digging a hole ☐ C. Working near an edge or opening which a person could fall over. ☐ D. When there is a risk of falls over 2m ☐	8.	Chemicals bought onto site must be accompanied by a current Safety Data Sheet? A. True ☐ B. False ☐
9.	Before working on site, I must: A. Review relevant SWMS ☐ B. Be familiar with the scope of works ☐ C. Ensure I have the correct tools for the job. ☐ D. Pre-start any plant and equipment to be used. ☐	10.	At the end of each shift onsite, I must ensure that: A. My work area is clean and tidy ☐ B. All rubbish is placed in bins. ☐ C. All materials are stored in a safe manner. ☐ D. Any injuries or incidents are reported to the site foreman. ☐ E. The beer fridge is restocked. ☐
11.	Electrical tools need be test and tagged every: A. Year ☐ B. Month ☐ C. 3 Monthly ☐ D. 5 Years ☐	12.	Mobile plant must have the following: A. Plant specific prestart. ☐ B. Fire extinguisher, Flashing light, movement (reverse) alarm. ☐ C. Plant risk assessment ☐ D. Service History ☐
13.	Before operating mobile plant onsite, I must provide the AGC foreman with a copy of the following relevant evidence: A. High Risk Work Licence ☐ B. Competency issued by an RTO ☐ C. Competency assessment by my employer ☐ D. Competency issued by another construction company ☐	14.	Mobile plant bought to site must be approved for site before commencing work? A. True ☐ B. False ☐

FORM

SITE INDUCTION QUESTIONNAIRE

INSTRUCTIONS FOR USE: Employees / Contractors - Please tick the corresponding box to indicate the answer that is correct – please note that multiple answers may apply. Once completed hand to the person conducting the Site Induction along with the completed Record of Site Induction form.

Name:		Date:	
1.	The Nominated First Aiders on site are: _____ and _____	2.	If I identify a hazard, I must: A. Take steps to make it safe, if safe to do so. ☐ B. Inform other workers in the area. ☐ C. Notify Site Supervisor. ☐ D. Post pictures of it on Facebook. ☐
3.	The nominated evacuation point is:	4.	If I'm not confident or experienced in completing a task, I should ask for assistance or instruction. A. True ☐ B. False ☐
5.	Smoking is allowed in the following areas onsite: A. Site office ☐ B. Where I'm working ☐ C. In the designated smoking area ☐	6.	Permits to work are required for the following activities: A. Excavation ☐ B. Hot Works ☐ C. Work at Heights ☐ D. Confined Space ☐ E. Ladders ☐
7.	A work at heights permit is required when: A. Working in or on plant that elevates ☐ B. When I'm digging a hole ☐ C. Working near an edge or opening which a person could fall over. ☐ D. When there is a risk of falls over 2m ☐	8.	Chemicals bought onto site must be accompanied by a current Safety Data Sheet? A. True ☐ B. False ☐
9.	Before working on site, I must: A. Review relevant SWMS ☐ B. Be familiar with the scope of works ☐ C. Ensure I have the correct tools for the job. ☐ D. Pre-start any plant and equipment to be used. ☐	10.	At the end of each shift onsite, I must ensure that: A. My work area is clean and tidy ☐ B. All rubbish is placed in bins. ☐ C. All materials are stored in a safe manner. ☐ D. Any injuries or incidents are reported to the site foreman. ☐ E. The beer fridge is restocked. ☐
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