

# JORDY T CONCRETING PTY LTD

## CONTRACTOR HSE HANDBOOK

### SAFETY AND ENVIRONMENTAL POLICIES SAFE WORK METHOD STATEMENTS SAFE SYSTEMS OF WORK

|                                                                |                                 |
|----------------------------------------------------------------|---------------------------------|
| <b>Scope of works:</b>                                         | Concreting and associated works |
| <b>Estimated Start Date:</b>                                   |                                 |
| <b>Estimated Completion Date:</b>                              |                                 |
| <b>Emergency Contact<br/>(WHS and Environmental Incident):</b> |                                 |
| <b>Principal Contractor:</b>                                   |                                 |
| <b>Project Details:</b>                                        |                                 |



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## 1.0 INTRODUCTION

This Contractor HSE Handbook applies to the site operations performed by Jordy T Concreting Pty Ltd as trustee for Jordy T Concreting Trust (ABN 51 583 373 718) trading as Jordy T Concreting Pty Ltd (“Jordy T Concreting Pty Ltd”). It provides the procedures and tools for Jordy T Concreting Pty Ltd to effectively manage its health, safety and environmental duties.

This Contractor HSE Handbook has been formulated to comply with the requirements of the Work Health and Safety Act and subordinate legislation and the Environmental Protection Act and subordinate legislation (Qld). The intention of this document is to ensure that Jordy T Concreting Pty Ltd satisfies its legal duties and ensures that Jordy T Concreting Pty Ltd policy objectives are achieved utilising principles from all relevant legislation, Australian Standards, Codes of Practice and Industry Standards.

In particular, it contains the safe work procedures to be implemented by and adhered to by all direct employees and other persons engaged by Jordy T Concreting Pty Ltd.

## 2.0 HEALTH AND SAFETY POLICY

### JORDY T CONCRETING PTY LTD Health and Safety Policy

Jordy T Concreting Pty Ltd is committed to providing a safe and healthy workplace for all persons involved in or affected by its operations.

Jordy T Concreting Pty Ltd recognises the responsibilities and requirements placed upon it by occupational health and safety legislation and will comply with all applicable laws and regulations.

We will strive to achieve our objectives by:

- making safety an integral part of our business activities;
- introducing a risk management program to identify and control hazards;
- ensuring that our work team is committed to our goals by providing adequate education, training and supervision;
- continuously reviewing the adequacy of our safety management system to ensure it remains effective.

Management are expected to fully implement our health and safety systems and are responsible for ensuring a safe work environment is provided for all persons under their direct control. Management is also expected to address promptly and adequately any health and safety issues they become aware of.

Employees are accountable for complying with safety policies and instructions as well as reporting incidents and concerns to Jordy T Concreting Pty Ltd. Employees are to take personal responsibility for guarding against injury to themselves and others by actively participating in and following procedures outlined in this Handbook.

Contractors engaged by Jordy T Concreting Pty Ltd are to have regard for our commitment to health and safety. Contractors are responsible for identifying, assessing and controlling workplace hazards that relate to their work as well as following any procedures developed by Jordy T Concreting Pty Ltd.

Kendell Trevisan  
Director  
Jordy T Concreting Pty Ltd  
5 September 2019

### 3.0 REHABILITATION POLICY

## JORDY T CONCRETING PTY LTD Rehabilitation Policy

Jordy T Concreting Pty Ltd recognises the importance of the rehabilitation process and is committed to assisting employees who have sustained injury to return to full and meaningful employment.

Jordy T Concreting Pty Ltd will meet this commitment by adopting the following strategies:

- Commencing an injury management program as soon as possible after an injury and in a manner consistent with medical advice.
- Providing early incident reporting systems and early intervention procedures to enable all employees to stay at work or return to work as soon as possible after an injury.
- Expecting employees to actively participate and co-operate in an agreed rehabilitation program. This is an expectation of all employees.
- Providing suitable duties where practicable, with the goal to return staff to normal duties.
- Using a team based approach for rehabilitation, where employees, management and supervisors develop, implement and monitor rehabilitation programs.
- Consulting with employees and their treating medical practitioners to ensure that the rehabilitation programs are operating effectively and safely.
- Respecting the rights and the confidentiality of employee's information during return to work and rehabilitation.

Jordy T Concreting Pty Ltd promotes rehabilitation programs that are flexible to accommodate the needs of the individual and the particular injury; however, it also recognises that return to work goals must be achieved within realistic time frames.

Kendell Trevisan  
Director  
Jordy T Concreting Pty Ltd  
5 September 2019

## 4.0 ENVIRONMENTAL POLICY

### JORDY T CONCRETING PTY LTD Environmental Policy

Jordy T Concreting Pty Ltd is committed to undertaking its activities in an environmentally responsible manner and effectively managing any risks that may have an impact on the environment. Jordy T Concreting Pty Ltd recognises and is committed to environmental management being an essential element of all aspects of its operations.

In implementing this policy we will:

- Aim to achieve zero incidents through identifying potential risks to the environment before commencing a job and by establishing a program of reporting environmental hazards.
- Comply with all applicable environmental laws and regulations;
- Ensure that environmental considerations form part of our business planning and decision making processes;
- Promote a culture of responsible environmental management is promoted to all parties including employees, contractors, suppliers and customers;
- Provide clear communication through the implementation of information and training and encourage effective participation in reducing carbon emissions and wasteful practices.
- Continually improve our environmental performance.

Management are accountable for the development and implementation of this policy as well as responsible for providing leadership, resources and support to ensure that activities are undertaken in a manner that at all times considers environmental risk.

All employees and contractors have a responsibility to actively adhere to environmental policies and procedures developed by Jordy T Concreting Pty Ltd as well as report any environmental impacts, hazards or potentially damaging issues to management.

Kendell Trevisan  
Director  
Jordy T Concreting Pty Ltd  
5 September 2019

## 5.0 LEGAL DUTIES

All parties involved in or associated with the site operations of Jordy T Concreting Pty Ltd have legal duties to comply with under the Work Health and Safety Act and the Environmental Protection Act (Qld).

### 5.1 Work Health and Safety Duties

#### 5.1.1 Jordy T Concreting Pty Ltd

Jordy T Concreting Pty Ltd has the following primary duty as a person conducting a business or undertaking” (as stated in the Work Health and Safety Act) –

#### 19 Primary duty of care

- (1) A person conducting a business or undertaking must ensure, so far as is reasonably practicable, the health and safety of:
  - (a) workers engaged, or caused to be engaged by the person, and
  - (b) workers whose activities in carrying out work are influenced or directed by the person, while the workers are at work in the business or undertaking.
- (2) A person conducting a business or undertaking must ensure, so far as is reasonably practicable, that the health and safety of other persons is not put at risk from work carried out as part of the conduct of the business or undertaking.
- (3) Without limiting subsections (1) and (2), a person conducting a business or undertaking must ensure, so far as is reasonably practicable:
  - (a) the provision and maintenance of a work environment without risks to health and safety, and
  - (b) the provision and maintenance of safe plant and structures, and
  - (c) the provision and maintenance of safe systems of work, and
  - (d) the safe use, handling, and storage of plant, structures and substances, and
  - (e) the provision of adequate facilities for the welfare at work of workers in carrying out work for the business or undertaking, including ensuring access to those facilities, and
  - (f) the provision of any information, training, instruction or supervision that is necessary to protect all persons from risks to their health and safety arising from work carried out as part of the conduct of the business or undertaking, and
  - (g) that the health of workers and the conditions at the workplace are monitored for the purpose of preventing illness or injury of workers arising from the conduct of the business or undertaking.
- (4) If:
  - (a) a worker occupies accommodation that is owned by or under the management or control of the person conducting the business or undertaking, and
  - (b) the occupancy is necessary for the purposes of the worker's engagement because other accommodation is not reasonably available, the person conducting the business or undertaking must, so far as is reasonably practicable, maintain the premises so that the worker occupying the premises is not exposed to risks to health and safety.
- (5) A self-employed person must ensure, so far as is reasonably practicable, his or her own health and safety while at work.

#### 5.1.2 Workers

Workers of Jordy T Concreting Pty Ltd have the following Duties of Workers (as stated in the Work Health and Safety Act) –

#### 28 Duties of workers

While at work, a worker must:

- (a) take reasonable care for his or her own health and safety, and
- (b) take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons, and
- (c) comply, so far as the worker is reasonably able, with any reasonable instruction that is given by the person conducting the business or undertaking to allow the person to comply with this Act, and
- (d) co-operate with any reasonable policy or procedure of the person conducting the business or undertaking relating to health or safety at the workplace that has been notified to workers.

### 5.1.3 Contractors

Contractors engaged by Jordy T Concreting Pty Ltd also have the following Primary Duty of Care (as stated in the Work Health and Safety Act):

#### 19 Primary duty of care

- (1) A person conducting a business or undertaking must ensure, so far as is reasonably practicable, the health and safety of:
  - (a) workers engaged, or caused to be engaged by the person, and
  - (b) workers whose activities in carrying out work are influenced or directed by the person, while the workers are at work in the business or undertaking.
- (2) A person conducting a business or undertaking must ensure, so far as is reasonably practicable, that the health and safety of other persons is not put at risk from work carried out as part of the conduct of the business or undertaking.
- (3) Without limiting subsections (1) and (2), a person conducting a business or undertaking must ensure, so far as is reasonably practicable:
  - (a) the provision and maintenance of a work environment without risks to health and safety, and
  - (b) the provision and maintenance of safe plant and structures, and
  - (c) the provision and maintenance of safe systems of work, and
  - (d) the safe use, handling, and storage of plant, structures and substances, and
  - (e) the provision of adequate facilities for the welfare at work of workers in carrying out work for the business or undertaking, including ensuring access to those facilities, and
  - (f) the provision of any information, training, instruction or supervision that is necessary to protect all persons from risks to their health and safety arising from work carried out as part of the conduct of the business or undertaking, and
  - (g) that the health of workers and the conditions at the workplace are monitored for the purpose of preventing illness or injury of workers arising from the conduct of the business or undertaking.
- (4) If:
  - (a) a worker occupies accommodation that is owned by or under the management or control of the person conducting the business or undertaking, and
  - (b) the occupancy is necessary for the purposes of the worker's engagement because other accommodation is not reasonably available, the person conducting the business or undertaking must, so far as is reasonably practicable, maintain the premises so that the worker occupying the premises is not exposed to risks to health and safety.
- (5) A self-employed person must ensure, so far as is reasonably practicable, his or her own health and safety while at work.

## 5.2 Environmental Duties

### 5.2.1 Jordy T Concreting Pty Ltd, Employees and Contractors

In addition, all parties and persons have the following general environmental duty (as stated in the Environmental Protection Act Qld) –

#### 319 General environmental duty

- (1) A person must not carry out any activity that causes, or is likely to cause, environmental harm unless the person takes all reasonable and practicable measures to prevent or minimise the harm (the **general environmental duty**).
- (2) In deciding the measures required to be taken under subsection (1), regard must be had to, for example—
  - (a) the nature of the harm or potential harm; and
  - (b) the sensitivity of the receiving environment; and
  - (c) the current state of technical knowledge for the activity; and
  - (d) the likelihood of successful application of the different measures that might be taken; and
  - (e) the financial implications of the different measures as they would relate to the type of activity.

## 6.0 SAFE SYSTEMS OF WORK

### 6.1 General

The previous sections of this Contractor HSE Handbook have addressed the commitment and policy of Jordy T Concreting Pty Ltd regarding health, safety and environmental duties. This section details the safe system of work to be implemented by Jordy T Concreting Pty Ltd in order to achieve compliance with its health, safety and environmental duties.

### 6.2 Key Safety Documents

Jordy T Concreting Pty Ltd will meet its health, safety and environmental duties for works by compliance with the following key documents:

- The WHS Management Plan for the individual sites developed and supplied by the relevant Principal Contractors to Jordy T Concreting Pty Ltd; and
- Safe Work Method Statements and Safe Work Procedures developed by Jordy T Concreting Pty Ltd for “high risk construction activities” as well as other activities; and
- Where a hazard exists for which a control measure is not outlined in one of the above documents, by adopting sound and recognised risk management principles as outlined in Section 6.3.

### 6.3 Risk Management Process

Jordy T Concreting Pty Ltd as required by legislation will implement the Risk Management Process for the health, safety and environmental issues for which it owes an duty. There are four basic steps to the Risk Management Process, as outlined in the legislation. These steps are:

1. Identify hazards;
2. Assess the risks to people and the environment that may result due to these hazards;
3. Implement the most effective control measures that are reasonably practicable;
4. Monitor and review the success of the control measures implemented.

The Risk Management Process is illustrated below:

(Source: *How to Manage Work Health and Safety Risks Code of Practice – Safe Work Australia*)



#### 6.3.1 Identification of Hazards

When looking for hazards Jordy T Concreting Pty Ltd will consider:

- how suitable things used for a task are, and how well they are located
- how people use equipment and materials
- how people or the environment might be affected by noise, fumes, dust etc
- how people or the environment might be damaged by equipment, machinery or tools
- how people or the environment might be damaged by chemicals and other materials.

Hazards to look for will include:

- work environment (such as confined spaces)
- energy (such as electricity)
- manual handling
- noise
- substances (such as chemicals)
- plant and equipment.

### 6.3.2 Assessing the Risk

Risk is the likelihood that injury or illness or damage to the environment might result because of the hazard already identified. To assess risk to persons and the environment, Jordy T Concreting Pty Ltd will consider both the likelihood and consequences of such an event. From this step a prioritised list of risks for further action will be developed.

- a) The likelihood of an incident occurring as a result of the hazard will first be assessed.

This likelihood will be rated as follows:

| Likelihood Ratings |                                                     |
|--------------------|-----------------------------------------------------|
| Likely             | Could happen frequently                             |
| Moderate           | Could happen occasionally                           |
| Unlikely           | Could happen, but only in exceptional circumstances |

- b) The consequences (if an incident did occur) will then be determined. To determine the possible consequences, a judgement on the severity of the potential outcome will be made.

The potential consequences will be rated as follows:

| Consequence Ratings |                                                                                                                                                                               |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| High (Class 1)      | Death or permanent disability or major structural failure / damage. Off-site environmental release / discharge not contained and significant long term environmental harm.    |
| Medium (Class 2)    | Temporary disability or minor structural failure / damage. On-site environmental release / discharge contained, minor remediation required and short term environmental harm. |
| Low (Class 3)       | Incident requiring first aid treatment. On-site environmental release / discharge immediately contained, minor remediation with no short term environmental harm              |

- c) The likelihood and consequences estimates will then be combined to obtain a total risk score by using the following risk priority table:

| Risk Priority Table |                     | Likelihood                        |                                       |                                                                |
|---------------------|---------------------|-----------------------------------|---------------------------------------|----------------------------------------------------------------|
|                     |                     | likely<br>could happen frequently | moderate<br>could happen occasionally | unlikely<br>could happen but only in exceptional circumstances |
| Consequence         | high<br>(class 1)   | 1                                 | 1                                     | 2                                                              |
|                     | medium<br>(class 2) | 1                                 | 2                                     | 3                                                              |
|                     | low<br>(class 3)    | 2                                 | 3                                     | 3                                                              |

The scores (1-3) in the risk priority chart indicate the response that will be taken about each risk, which is as follows:

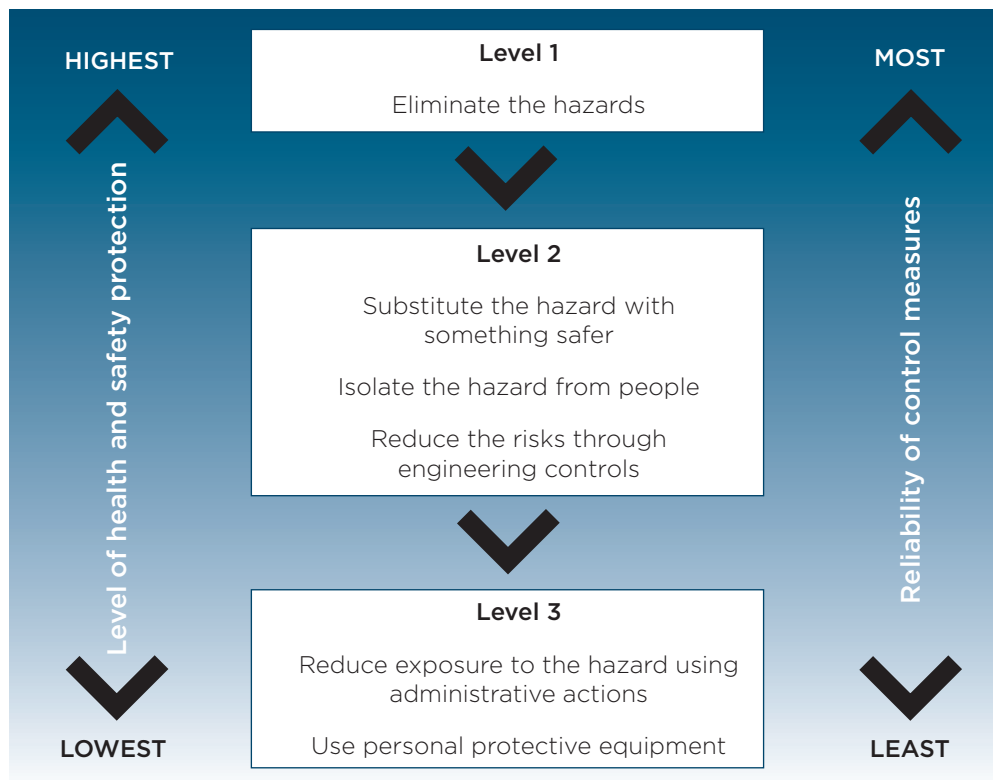
| Score | Response                                                                                   |
|-------|--------------------------------------------------------------------------------------------|
| 1     | Detailed pre-site planning and action.<br>Actions recorded in Safe Work Method Statement.  |
| 2     | Site / operational planning and action.<br>Actions recorded in Safe Work Method Statement. |
| 3     | These risks may not need immediate attention and if no action will be monitored.           |

### 6.3.3 Decide on Control Measures

In determining appropriate risk control measures to be introduced Jordy T Concreting Pty Ltd will consider:

- the adequacy of the control measures;
- that the measures do not create any new or additional hazards; and
- the need to introduce more than one control measure to adequately control the risk.

Wherever practicable the most effective control measures will be introduced. The effectiveness of control measures will be determined by their position in the following hierarchy of controls list. (ie. a control measure from the top of the list will be considered and selected if practicable, if not the following list will be worked down in order to find the next practicable control solution).



(Source: How to Manage Work Health and Safety Risks Code of Practice – Safe Work Australia)

#### 6.3.4 Implementing Control Measures

As part of the process of implementing the control measures for issues for which Jordy T Concreting Pty Ltd owes an duty, Jordy T Concreting Pty Ltd will consider:

- the inclusion of these measures as amendments to the work method statements for high risk activities performed by Jordy T Concreting Pty Ltd;
- training, instruction for employees, and others in relation to the new control measures;
- the degree of involvement necessary by Jordy T Concreting Pty Ltd to ensure the ongoing effectiveness of the new control measures.

#### 6.3.5 Monitoring and Review

The following principles and procedures will be used by Jordy T Concreting Pty Ltd to monitor and review the effectiveness of any control measures implemented:

- analyse incident, accident and first aid records;
- direct monitoring of work performed by employees and others engaged by Jordy T Concreting Pty Ltd and taking corrective action where necessary;
- consultation with employees, contractors and others to maintain effectiveness of the measures and reduce the introduction of any new hazards.

The ***Risk Assessment and Control Form*** will be used by Jordy T Concreting Pty Ltd to where necessary document any uncontrolled risk identified. The Risk Assessment and Control Form is contained in this Contractor HSE Handbook as ***Appendix 13.1***.

## 7.0 SAFE WORK METHOD STATEMENTS AND SAFE WORK PROCEDURES

Safe Work Method Statements must be prepared by a person conducting a business or undertaking prior to undertaking what are called “high risk construction work”.

The Work Health and Safety Regulation 2011 defines high risk construction work as:

### 291 Meaning of *high risk construction work*

In this chapter, *high risk construction work* means construction work that—

- (a) involves a risk of a person falling more than 2m; or
- (b) is carried out on a telecommunication tower; or
- (c) involves demolition of an element of a structure that is load-bearing or otherwise related to the physical integrity of the structure; or
- (d) involves, or is likely to involve, the disturbance of asbestos; or
- (e) involves structural alterations or repairs that require temporary support to prevent collapse; or
- (f) is carried out in or near a confined space; or
- (g) is carried out in or near—
  - (i) a shaft or trench with an excavated depth greater than 1.5m; or
  - (ii) a tunnel; or
- (h) involves the use of explosives; or
- (i) is carried out on or near pressurised gas distribution mains or piping; or
- (j) is carried out on or near chemical, fuel or refrigerant lines; or
- (k) is carried out on or near energised electrical installations or services; or
- (l) is carried out in an area that may have a contaminated or flammable atmosphere; or
- (m) involves tilt-up or precast concrete; or
- (n) is carried out on, in or adjacent to a road, railway, shipping lane or other traffic corridor that is in use by traffic other than pedestrians; or
- (o) is carried out in an area at a workplace in which there is any movement of powered mobile plant; or
- (p) is carried out in an area in which there are artificial extremes of temperature; or
- (q) is carried out in or near water or other liquid that involves a risk of drowning; or
- (r) involves diving work.

To comply with its duties, Jordy T Concreting Pty Ltd will develop and maintain Safe Work Method Statements for “high risk construction work” performed by Jordy T Concreting Pty Ltd. The Safe Work Method Statements will be forwarded to the respective Principal Contractor prior to commencing work on site. A copy of the Safe Work Method Statements will also be readily accessible at all times.

Jordy T Concreting Pty Ltd adopts the policy that the measures used to control risks associated with activities other than “high risk construction work” will also be documented. Regarding these issues where the law may not require a Safe Work Method Statement to be prepared, Jordy T Concreting Pty Ltd will ensure that Safe Work Procedures are developed for these activities.

**Safe Work Method Statements** developed for “high risk construction work” and other activities performed by Jordy T Concreting Pty Ltd are contained in this Contractor HSE Handbook as **Appendix 13.2**.

## 8.0 WORK ACTIVITY TRAINING / COMPETENCY

Jordy T Concreting Pty Ltd is committed to ensuring that all persons engaged are trained to fulfil their roles and responsibilities, and are competent to perform all tasks in a way that is safe and does not adversely impact on themselves, others or the environment.

Prior to commencing work on site, all persons engaged by Jordy T Concreting Pty Ltd performing the “high risk construction activity” will be trained in the Safe Work Method Statements and Safe Work Procedures; and must satisfy Jordy T Concreting Pty Ltd that they understand and are able to comply with the contents of the them.

## 9.0 GENERAL CONSTRUCTION INDUCTION TRAINING

Jordy T Concreting Pty Ltd will ensure that all workers have undertaken general construction induction training prior to commencing on site. Persons engaged by Jordy T Concreting Pty Ltd will be required to show proof of this training. Where this training has not previously been undertaken, the person’s attendance at training will be arranged by Jordy T Concreting Pty Ltd. A register will be maintained by Jordy T Concreting Pty Ltd as a record of the training attended. Evidence of ***General Construction Induction Training*** for workers is contained in this Contractor HSE Handbook in ***Appendix 13.3***.

## 10.0 SITE SPECIFIC INDUCTION TRAINING

Jordy T Concreting Pty Ltd will liaise with the principal contractor to ensure that all employees and contractors engaged have undertaken site specific induction training provided by the principal contractor prior to commencing on site.

## 11.0 PLANT AND ELECTRICAL EQUIPMENT

All plant and equipment utilised by Jordy T Concreting Pty Ltd will be used and maintained in accordance with the relevant Australian Standards as well as the manufacturer’s recommendations and specifications. A **Plant and Equipment Maintenance Register** and an **Electrical Equipment Maintenance Register** to document this action are contained in this Safety Handbook as **Appendix 13.4** and **Appendix 13.5** respectively.

## 12.0 HAZARDOUS CHEMICALS

Jordy T Concreting Pty Ltd will establish and maintain a register of Hazardous Chemicals used on site. Jordy T Concreting Pty Ltd will obtain and maintain a current copy of a Safety Data Sheet (SDS) for all Hazardous Chemicals that are proposed to be used.

Jordy T Concreting Pty Ltd will supply to relevant Principal Contractors:

- a register of all Hazardous Chemicals to be used on site;
- a copy of the SDS for the substances obtained from the supplier by the contractor; and
- a risk assessment outlining the controls to be used when using the product/s.

***A Hazardous Chemicals Register, associated Risk Assessments and Safety Data Sheets*** are contained in this Contractor HSE Handbook as ***Appendix 13.6, Appendix 13.7*** and ***Appendix 13.8*** respectively.

## 13.0 LIST OF APPENDICES

- 13.1 Risk Assessment and Control Form
- 13.2 Safe Work Method Statements
- 13.3 Competency and Training Register
- 13.4 Plant and Equipment Maintenance Register
- 13.5 Electrical Equipment Maintenance Register
- 13.6 Hazardous Chemicals Register
- 13.7 Risk Assessments for Hazardous Chemicals
- 13.8 Safety Data Sheets

## Appendix 13.1 – Risk Assessment and Control Form

|                                                                |                                         |                                           |                                        |
|----------------------------------------------------------------|-----------------------------------------|-------------------------------------------|----------------------------------------|
| Completed by (Name):                                           |                                         | Date assessment performed:                |                                        |
| <b>HAZARD IDENTIFICATION</b>                                   |                                         |                                           |                                        |
| Activity / task:                                               |                                         |                                           |                                        |
| Details of hazard:                                             |                                         |                                           |                                        |
| Person/s / Environment at risk:                                |                                         |                                           |                                        |
| Additional comments:                                           |                                         |                                           |                                        |
| <b>RISK ASSESSMENT (refer risk matrix below)</b>               |                                         |                                           |                                        |
| Likelihood (tick box):                                         | Likely <input type="checkbox"/>         | Moderate <input type="checkbox"/>         | Unlikely <input type="checkbox"/>      |
| Consequences (tick box):                                       | High (class 1) <input type="checkbox"/> | Medium (class 2) <input type="checkbox"/> | Low (class 3) <input type="checkbox"/> |
| Risk score (tick box):                                         | 1 <input type="checkbox"/>              | 2 <input type="checkbox"/>                | 3 <input type="checkbox"/>             |
| <b>RISK CONTROL AND REVIEW</b>                                 |                                         |                                           |                                        |
| Possible control options considered:                           |                                         |                                           |                                        |
| Control options decided (and why):                             |                                         |                                           |                                        |
| Date implemented / date to be implemented:                     |                                         |                                           |                                        |
| Responsible person:                                            |                                         |                                           |                                        |
| Review date:                                                   |                                         |                                           |                                        |
| Review Comments (including any changes to corrective actions): |                                         |                                           |                                        |

| Risk Priority Table |                     | Likelihood                        |                                       |                                                                   |
|---------------------|---------------------|-----------------------------------|---------------------------------------|-------------------------------------------------------------------|
|                     |                     | likely<br>could happen frequently | moderate<br>could happen occasionally | unlikely<br>could happen but only in<br>exceptional circumstances |
| Consequence         | high<br>(class 1)   | 1                                 | 1                                     | 2                                                                 |
|                     | medium<br>(class 2) | 1                                 | 2                                     | 3                                                                 |
|                     | low<br>(class 3)    | 2                                 | 3                                     | 3                                                                 |

## Appendix 13.2 – Safe Work Method Statements

|                                   |                                                                                                                  |  |                                                                    |                  |                          |                  |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|------------------|--------------------------|------------------|
| <b>JORDY T CONCRETING PTY LTD</b> | <b>ABN:</b> 51 583 373 718                                                                                       |  | <b>This SWMS has been authorised by Jordy T Concreting Pty Ltd</b> |                  |                          |                  |
|                                   | <b>M:</b> 0403 904 393 (Kendell Trevisan)                                                                        |  | <b>Date:</b>                                                       |                  | <b>Last Review Date:</b> | 5 September 2019 |
|                                   | <b>M:</b> 0421 555 208 (Peter Trevisan)                                                                          |  | <b>Name:</b>                                                       | Kendell Trevisan | <b>Next Review Date:</b> | 5 September 2020 |
|                                   | <b>E:</b> admin@jordytconcreting.com.au                                                                          |  | <b>Position:</b>                                                   | Director         |                          |                  |
|                                   | <b>P:</b> PO Box 9084<br><b>WYNNUM PLAZA QLD 4178</b><br><b>A:</b> 179 Prospect Street<br><b>WYNNUM QLD 4178</b> |  | <b>Signature:</b>                                                  |                  |                          |                  |

## SAFE WORK METHOD STATEMENT

|                                                                         |                                                      |                                   |                                     |                                     |                                     |                             |
|-------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| <b>DESCRIPTION OF WORKS / ACTIVITIES UNDERTAKEN:</b>                    | <b>Earthmoving / Concreting and associated works</b> |                                   |                                     |                                     |                                     |                             |
| <b>PERSON RESPONSIBLE FOR IMPLEMENTATION / MONITORING / COMPLIANCE:</b> |                                                      |                                   |                                     |                                     |                                     |                             |
| <b>Approximate Start Date:</b>                                          |                                                      |                                   |                                     | <b>Approximate Completion Date:</b> |                                     |                             |
| <b>INCLUDES THE FOLLOWING HIGH RISK CONSTRUCTION WORK:</b>              | <input checked="" type="checkbox"/>                  | Movement of powered mobile plant  | <input checked="" type="checkbox"/> | Work 2 metres and above             | <input checked="" type="checkbox"/> | Principal contractor policy |
|                                                                         | <input checked="" type="checkbox"/>                  | Work in a contaminated atmosphere | <input type="checkbox"/>            |                                     | <input type="checkbox"/>            |                             |
| <b>DETAILS OF WORKERS CONSULTED IN THE PREPARATION OF THIS SWMS:</b>    | Kendell Trevison                                     |                                   |                                     | Peter Trevison                      |                                     |                             |
|                                                                         |                                                      |                                   |                                     |                                     |                                     |                             |
| <b>DATE OF CONSULTATION:</b>                                            | 1 April 2019                                         |                                   |                                     |                                     |                                     |                             |

## Safe Work Method Statement submitted to the following Principal Contractor

|                      |  |
|----------------------|--|
| <b>COMPANY:</b>      |  |
| <b>NAME:</b>         |  |
| <b>SITE ADDRESS:</b> |  |

## Safe Work Method Statement reviewed by Principal Contractor:

|                   |  |              |  |
|-------------------|--|--------------|--|
| <b>NAME:</b>      |  |              |  |
| <b>POSITION:</b>  |  | <b>DATE:</b> |  |
| <b>SIGNATURE:</b> |  |              |  |

## PERSONAL PROTECTIVE EQUIPMENT (AS PER SWMS REQUIREMENTS)

|                                                                                     |                                                                                     |                                                                                     |                                                                                     |                                                                                     |                                                                                     |                                                                                      |                                                                                       |                                                                                       |                          |                          |                          |                          |                          |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/>                                                 | <input type="checkbox"/>                                                            | <input checked="" type="checkbox"/>                                                 | <input type="checkbox"/>                                                            | <input checked="" type="checkbox"/>                                                 | <input type="checkbox"/>                                                            | <input checked="" type="checkbox"/>                                                  | <input type="checkbox"/>                                                              | <input checked="" type="checkbox"/>                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |  |  |  |  |  |  |  |                          |                          |                          |                          |                          |

| STEP / TASK / ACTIVITY |                                                                             | HAZARD/S                                              | RISK CLASS<br>(BEFORE CONTROLS) | CONTROLS AND SAFE WORK PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RISK CLASS<br>(AFTER CONTROLS) | RESPONSIBLE PERSON        |
|------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------|
| 1.                     | Arrive on site / Pre-site discussion and planning with Principal Contractor | Existing services<br>Plant Failure<br>Property Damage | 1                               | 1. Pre-work discussion will be held and / or site specific induction attended with the principal contractor to determine: <ul style="list-style-type: none"> <li>(i) Location of existing services and overhead structures;</li> <li>(ii) The most favourable location for the pump and access for concrete delivery trucks;</li> <li>(iii) The location and availability of a wash out areas;</li> <li>(iv) Common plant such as scaffolding, ladders and stair access to be provided by the principal contractor for use;</li> <li>(v) Anticipated scheduling and impact of other trades on site at the time of the works;</li> <li>(vi) Other items necessary to plan and allow for the safe performance of works.</li> </ul>                                                                                                                                                                                                                                      | 3                              | Supervisor<br>All workers |
| 2.                     | Access work areas                                                           | Slips / trips<br>Falls from heights                   | 1                               | <u>Ladders</u><br>1. When ladders are used for access, ladders will be erected or a check performed to ensure the ladder provided is: <ul style="list-style-type: none"> <li>(i) Rated industrial standard and in good condition;</li> <li>(ii) On a level and solid base;</li> <li>(iii) Secured at top and / or bottom to prevent movement;</li> <li>(iv) Extends a minimum of 1 metre above the area being accessed;</li> <li>(v) Placed at an angle of between 70 to 80 degrees.</li> </ul> <u>Temporary Stair Access</u><br>1. Where temporary stair access is provided: <ul style="list-style-type: none"> <li>(i) Tower access system provided will not be altered;</li> <li>(ii) A check will be performed to ensure it is effective;</li> <li>(iii) If defective rectification will be requested before using.</li> </ul> <u>Other</u><br>1. General access ways and pathways will be kept clear at all times of materials, equipment, fittings and clutter. | 3                              | All workers               |

| STEP / TASK / ACTIVITY |                                          | HAZARD/S                                              | RISK CLASS<br>(BEFORE CONTROLS) | CONTROLS AND SAFE WORK PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RISK CLASS<br>(AFTER CONTROLS) | RESPONSIBLE PERSON      |
|------------------------|------------------------------------------|-------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------|
| 3.                     | Delivery / float / unloading of machines | Collision<br>Crush Injuries<br>Property damage        | 1                               | <ol style="list-style-type: none"> <li>1. Clear and safe access way provided for float / trucks to unloading area.</li> <li>2. Principal Contractor Traffic Safety Management Plan to be adhered to.</li> <li>3. Spotter used to assist truck drivers to reverse. Spotter to always remain in driver's vision.</li> <li>4. Persons are not to position themselves between a reversing truck and equipment / materials / structures.</li> <li>5. Safety instructions of driver to be followed at all times.</li> <li>6. Inspection of ramps / equipment prior to unloading.</li> <li>7. Safe unloading speed to be maintained.</li> </ol>                                                                                                                                                                                                                                                           | 3                              | Operator<br>All workers |
| 4.                     | Pre-work machine inspection              | Existing services<br>Plant Failure<br>Property Damage | 1                               | <ol style="list-style-type: none"> <li>1. Prior to commencing work a pre-work inspection to be performed.</li> <li>2. Items assessed to include location of electrical hazards, site terrain, availability and condition of PPE and first aid equipment and adequacy of this SWMS.</li> <li>1. Pre-operational inspection performed to ensure machine/s if free from defects or faults. Inspection to include the following: <ul style="list-style-type: none"> <li>• Correct tyre pressure / tracks;</li> <li>• Park / foot brakes;</li> <li>• Steering</li> <li>• Lift / bucket controls</li> <li>• Warning devices – horn, flashing lights, reversing beeper, brake lights</li> <li>• Hydraulics and other fluid levels</li> <li>• Roll over protective structures</li> <li>• Locking pins</li> <li>• Seat belts, other safeguards as per manufacturer's recommendations</li> </ul> </li> </ol> | 3                              | Operator                |
| 5.                     | Access in / out of plant                 | Slips / trips / falls                                 | 1                               | <ol style="list-style-type: none"> <li>1. Provision of adequate non-slip ladders, footholds, steps and grab rails so as to safely access cabins.</li> <li>2. Correct use of these safeguards by operators.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3                              | Operator                |

| STEP / TASK / ACTIVITY |                        | HAZARD/S                                               | RISK CLASS<br>(BEFORE CONTROLS) | CONTROLS AND SAFE WORK PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RISK CLASS<br>(AFTER CONTROLS) | RESPONSIBLE PERSON |
|------------------------|------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------|
| 6                      | Operate machines       | Falling objects and materials<br>Collision<br>Overturn | 1                               | <ol style="list-style-type: none"> <li>1. Machine positioned level or where this cannot be achieved near level at an incline not exceeding the manufacturer's recommendations.</li> <li>2. Check the strength and adequacy of the ground – consider rises and falls, existing or recently backfilled trenches.</li> <li>3. Machines to be only operated by certified persons.</li> <li>4. Do not carry others on machine and machine only driven from operator's seat.</li> <li>5. Travel parallel with any slopes. Do not drive diagonally up or down a slope.</li> <li>6. Machines operated and maintained in accordance to manufacturer's instructions.</li> <li>7. Unauthorised persons kept away from the mobile plant. Do not pass bucket or loads over others.</li> <li>8. Underground services to be identified with principal contractor prior to works commencing.</li> <li>9. Area clearly marked and barricaded where necessary to make safe from other traffic.</li> <li>10. A safe travel speed maintained at all times.</li> <li>11. Machine/s not to be left unattended. Lower bucket to ground, disengage controls, apply the park brake, switch off engine and remove key when not in use.</li> </ol> | 3                              | Operator           |
| 7.                     | Placement of materials | Trench / excavation collapse<br>Falling objects        | 1                               | <ol style="list-style-type: none"> <li>1. Excavated materials loaded into truck to ensure:               <ol style="list-style-type: none"> <li>(i.) Materials not to be passed over anyone / cabin of vehicle.</li> <li>(ii.) Gross vehicle limits not to be exceeded.</li> </ol> <p>OR ALTERNATIVELY</p> </li> <li>2. Placement of excavated materials on site to ensure:               <ol style="list-style-type: none"> <li>(i.) General access ways remain clear;</li> <li>(ii.) Not to present a hazard to other contractors / where arranged with principal contractor.</li> <li>(iii.) Sufficient distance from existing excavations so as not to present risk of collapse.</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3                              | Operator           |

| STEP / TASK / ACTIVITY |                                                                                  | HAZARD/S                                                    | RISK CLASS<br>(BEFORE CONTROLS) | CONTROLS AND SAFE WORK PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RISK CLASS<br>(AFTER CONTROLS) | RESPONSIBLE PERSON      |
|------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------|
| 8.                     | Using auger attachment for bored piers                                           | Entanglement<br>Slips, trips, falls                         | 1                               | <ol style="list-style-type: none"> <li>Only necessary and authorised personnel to be within boring area.</li> <li>Use of Essential Worker / spotter or barricade to create an exclusion zone to prevent unauthorised entry whilst in operation.</li> <li>Constant visual contact between Essential Worker and operator.</li> <li>An exclusion zone of 2 metres to be maintained whilst auger is in use.</li> <li>Spoil removed to be placed back from edges of bored pier.</li> <li>Bored pier to be protected with 900mm barricade back from leading edges or otherwise protected.</li> </ol>                                                                                                                                    | 3                              | Operator<br>All workers |
| 9.                     | Unloading / handling of materials and equipment                                  | Manual handling injuries<br>Falling materials and equipment | 1                               | <ol style="list-style-type: none"> <li>Lifting aids such as cranes, trolleys, and barrows to be used wherever possible.</li> <li>Where manual handling is required the following to be utilised: <ol style="list-style-type: none"> <li>Minimise the weight of loads where possible so as excessive loads are not carried;</li> <li>Use of team lifting;</li> <li>Use of good lifting techniques as follows: <ul style="list-style-type: none"> <li>A firm grip on the load</li> <li>Load close to the body</li> <li>Leg muscles to do the work when lifting</li> <li>Smooth lift avoiding twisting or jerking</li> <li>Weights that feel excessive or above workers capacity not to be lifted</li> </ul> </li> </ol> </li> </ol> | 3                              | All workers             |
| 10.                    | Setting up / using low level work platforms where required for core filling etc. | Falls                                                       | 1                               | <p><u>Low level Working Platforms used</u> may include the following:</p> <ul style="list-style-type: none"> <li>Modular / frame / trestle scaffold</li> </ul> <ol style="list-style-type: none"> <li>Scaffolding to be erected according to Scaffolding standards and manufacturer's instructions by a competent person.</li> <li>Guardrailing and toe boards and / or mesh provided where necessary.</li> <li>Minimum working platform width of 450mm.</li> <li>Before using platform an inspection performed to ensure that it is effective at preventing someone falling. If defective rectify immediately.</li> </ol>                                                                                                        | 3                              | All workers             |

| STEP / TASK / ACTIVITY |                                                      | HAZARD/S                         | RISK CLASS<br>(BEFORE CONTROLS) | CONTROLS AND SAFE WORK PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RISK CLASS<br>(AFTER CONTROLS) | RESPONSIBLE PERSON |
|------------------------|------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------|
| 11.                    | Work in parallel with other trades                   | Slips / Trips<br>Falling objects | 1                               | <ol style="list-style-type: none"> <li>1. Signage / barriers to be used where required to warn other trades and to create exclusion zones.</li> <li>2. Where necessary a spotter to be used to identify work zone to others.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3                              | All workers        |
| 12.                    | Accessing / using scaffold and work near floor edges | Falls                            | 1                               | <p>Where potential fall height is 2 metres or more or a lesser height if determined by risk assessment or a lesser height if reasonably practicable fall protection to be in place on working platforms / edges. <u>Working Platforms and edge protection systems provided by principal contractor</u> may include the following:</p> <ul style="list-style-type: none"> <li>• Modular / Frame Scaffold (heavy duty)</li> <li>• Independent rail / edge protection systems</li> </ul> <ol style="list-style-type: none"> <li>1. Before accessing the area an inspection performed to ensure that it is configured correctly with guardrailing in place.</li> <li>2. If defective request rectification from principal contractor.</li> <li>3. Edge protection / components not to be altered or removed</li> <li>4. Scaffold not to be overloaded with materials so as not to exceed 670kg (heavy duty).</li> <li>5. Working platforms to be a minimum 450mm wide. Block walls are not to be accessed.</li> <li>6. Where potential fall height is less than 2 metres the area underneath is to be free of excessive rubbish, clutter and other hazards.</li> </ol> | 3                              | All workers        |

| STEP / TASK / ACTIVITY |                                                                       | HAZARD/S                                                                   | RISK CLASS<br>(BEFORE CONTROLS) | CONTROLS AND SAFE WORK PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RISK CLASS<br>(AFTER CONTROLS) | RESPONSIBLE PERSON                      |
|------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------|
| 13.                    | Cement trucks and Concrete Pumping Equipment                          | Falls / struck by objects<br>Electrocution                                 | 1                               | <ol style="list-style-type: none"> <li>The safety instructions and operating procedures of drivers / licensed operators of this plant will be followed.</li> <li>Concrete placing boom operators to be appropriately licensed.</li> <li>Records or inspection and maintenance to be sighted and available. These include: <ul style="list-style-type: none"> <li>Daily pre-operational inspections;</li> <li>Weekly, monthly and quarterly maintenance inspections;</li> <li>Annual inspection by qualified assessor;</li> <li>Independent third party assessments by a competent person.</li> </ul> </li> <li>Concrete pump located in position considering suitability of ground, public and other access areas and other workers in the vicinity.</li> <li>Outriggers extended fully and supported adequately on sole plates.</li> <li>Establish an effective means of communication between the pump operator and workers at the pour site.</li> <li>Signage and barricading to be used where required.</li> <li>Booms kept a minimum distance of 3 metres from powerlines unless under the direct supervision of an authorised person.</li> <li>Formwork to be inspected / approved by an engineer / competent person prior to any pour.</li> </ol> | 3                              | Boom operator<br>All workers            |
| 14.                    | Lifting of objects / materials such as kibbles / reinforcing by crane | Falling objects and materials<br>Crane overturn<br>Contact with structures | 1                               | <ol style="list-style-type: none"> <li>Lifting area to be barricaded or use of a spotter to maintain an exclusion zone.</li> <li>Licensed and experienced crane operators to be used.</li> <li>Only necessary and minimal personnel to be in lifting zone during lifting of loads.</li> <li>Tag lines used where necessary.</li> <li>Weather conditions to be considered.</li> <li>Safety instructions of crane operator and dogger to be followed at all times.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3                              | Crane operator<br>Dogger<br>All workers |

| STEP / TASK / ACTIVITY |                                                                        | HAZARD/S                                         | RISK CLASS<br>(BEFORE CONTROLS) | CONTROLS AND SAFE WORK PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RISK CLASS<br>(AFTER CONTROLS) | RESPONSIBLE PERSON |
|------------------------|------------------------------------------------------------------------|--------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------|
| 15.                    | Fuelling / use of fuel driven equipment such as aerators / helicopters | Risk of explosion<br>Burns<br>Noise<br>Vibration | 1                               | <ol style="list-style-type: none"> <li>Regular inspections of fuel storage container.</li> <li>Fuel stored in well ventilated, sheltered area away from ignition sources.</li> <li>No smoking near fuel or when refuelling.</li> <li>Equipment turned off to refuel.</li> <li>Used in environment where natural ventilation is adequate to control excessive fumes.</li> <li>Operated and maintained in accordance with manufacturer's specifications and instructions.</li> <li>Hearing protection worn by operators and others in near vicinity.</li> <li>Anti-vibration grips and job rotation to be used.</li> </ol> | 3                              | All workers        |
| 16.                    | Repetitious tasks such as shovelling, screeding, barrowing, raking     | Manual handling injuries                         | 1                               | <ol style="list-style-type: none"> <li>Workers stretched and warmed up prior to activities.</li> <li>Using mechanised equipment where possible.</li> <li>Sufficient rest breaks taken.</li> <li>Job rotation used where possible approximately every 30 minutes.</li> </ol>                                                                                                                                                                                                                                                                                                                                              | 3                              | All workers        |
| 17.                    | Working near existing services                                         | Electrocution                                    | 1                               | <ol style="list-style-type: none"> <li>Existing services will be identified with the principal contractor prior to commencement.</li> <li>An exclusion zone of 3 metres around overhead powerlines (up to 132kV) maintained which allows for sway and sag unless: <ol style="list-style-type: none"> <li>Documentation from the power supply authority confirms the lines have been de-energised; or</li> <li>A suitably qualified safety observer is available and power supply authority has been contacted as well as a documented safe system of work developed.</li> </ol> </li> </ol>                              | 3                              | All workers        |

| STEP / TASK / ACTIVITY |                                        | HAZARD/S                                            | RISK CLASS<br>(BEFORE CONTROLS) | CONTROLS AND SAFE WORK PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RISK CLASS<br>(AFTER CONTROLS) | RESPONSIBLE PERSON |
|------------------------|----------------------------------------|-----------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------|
| 18.                    | Storage of materials and housekeeping  | Slips, trips falls<br>Falling objects               | 1                               | 1. Materials delivered and stored where arranged with principal contractor.<br>2. Work areas maintained in a clear and tidy condition.<br>3. Rubbish / waste placed regularly in receptacles provided by principal contractor.<br>4. At end of each day a thorough clean up and inspection will be performed to ensure all waste has been disposed of.<br>5. Objects secured where risk of falling or being caught by the wind.<br>6. General safety signs erected where required.<br>7. Protruding objects (eg. reinforcing bar) posing a hazard made safe by removing, capping or bending over.                                                                                                                                                                                                                                                                                                                        | 3                              | All workers        |
| 19.                    | Use of electrical plant and equipment. | Electrocution<br>Cuts / Abrasions<br>Flying objects | 1                               | 1. All electrical equipment will be protected by residual current devices.<br>2. Perform initial test each day to ensure residual current device is effective.<br>3. All appliances and equipment to be of an industrial standard.<br>4. Leads located away from access ways, high traffic areas and water.<br>5. Domestic appliances, double adaptors and piggy backs will not be used.<br>6. Regular inspection of equipment to ensure it is in good condition.<br>7. Tools and equipment will have guards in good condition and be used and serviced according to manufacturer's instructions.<br>8. Any defective equipment will be removed from use immediately until repaired.<br>9. All electrical leads and equipment inspected and tested by an electrician or competent person at maximum 3 monthly intervals and records kept of these inspections.<br>10. Equipment used by trained and competent operators. | 3                              | All workers        |
| 20.                    | Working in sun                         | UV Exposure<br>Dehydration                          | 1                               | 1. Sunscreen to be applied before and regularly during work.<br>2. Use hats, sunglasses and adequate clothing.<br>3. Regular intake of water.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3                              | All workers        |

| STEP / TASK / ACTIVITY |                    | HAZARD/S                                                        | RISK CLASS<br>(BEFORE CONTROLS) | CONTROLS AND SAFE WORK PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RISK CLASS<br>(AFTER CONTROLS) | RESPONSIBLE PERSON     |
|------------------------|--------------------|-----------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------|
| 21.                    | Cutting operations | Unskilled operator                                              | 1                               | 1. Saws and cutters used only by trained, competent and authorised persons in accordance with suppliers instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3                              | Operator<br>Supervisor |
|                        |                    | Noise                                                           | 1                               | 1. Earmuffs or ear plugs to be worn by operator and all persons in vicinity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3                              | Operator               |
|                        |                    | Flying objects                                                  | 1                               | 1. Safety Glasses / Goggles to be worn by operator.<br>2. Exclusion zone to be maintained by way of spotter or barricade and signage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3                              | Operator               |
|                        |                    | Dust / airborne particles - respirable crystalline silica (RCS) | 1                               | 1. Silica dust generated during activities is to be minimised and controlled by the following in order of effectiveness.<br><u>Wet cutting</u><br>1. Wet cutting will be performed where possible to suppress and control dust.<br>2. Type P2 respiratory protection to be worn by operator in addition to the above controls. The operator to undergo fit testing by the supplier for correct fit and evidence of this available.<br>3. Workers are to maintain a clean-shaven appearance in order to ensure compliant fit of respiratory protection.<br><u>Dry cutting</u><br>1. Extraction units and capture devices used to capture and filter RCS.<br>2. Type P2 respiratory protection to be worn by operator in addition to the above controls. The operator to undergo fit testing by the supplier for correct fit and evidence of this available.<br>3. Workers are to maintain a clean-shaven appearance in order to ensure compliant fit of respiratory protection.<br>4. Regular cleaning of cutting areas using M-Class vacuum. Disposal of dust bags in designated bins (where provided). | 3                              | Operator<br>Supervisor |

| STEP / TASK / ACTIVITY |                        | HAZARD/S                              | RISK CLASS<br>(BEFORE CONTROLS) | CONTROLS AND SAFE WORK PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RISK CLASS<br>(AFTER CONTROLS) | RESPONSIBLE PERSON |
|------------------------|------------------------|---------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------|
| 22.                    | Drugs and Alcohol      | Falls<br>Slips / trips<br>Human error | 1                               | <ol style="list-style-type: none"> <li>1. Alcohol and illicit drugs are not to be taken onto site or consumed on site.</li> <li>2. Persons are not to work affected by alcohol or drugs. Persons affected by alcohol or drugs will be removed from site and will face disciplinary action.</li> <li>3. Where prescribed or over the counter medicine is taken that may affect performance (eg. drowsiness), workers are to advise Supervisor immediately.</li> </ol>                                          | 3                              | All workers        |
| 23.                    | Hazardous Chemicals    | Work related illness                  | 1                               | <ol style="list-style-type: none"> <li>1. A register kept of all Hazardous Chemicals used. (<b>Appendix 13.6</b>)</li> <li>2. A risk assessment for Hazardous Chemicals and keep a record of this risk assessment. (<b>Appendix 13.7</b>)</li> <li>3. Safety Data Sheet (SDS) available for all Hazardous Chemicals. (<b>Appendix 13.8</b>)</li> <li>4. Workers trained and skilled in the safe use of Hazardous Chemicals and access by all workers to register, SDS and risk assessment records.</li> </ol> | 3                              | All workers        |
| 24.                    | Provision of first aid | Personal injury                       | 1                               | <ol style="list-style-type: none"> <li>1. A first aid kit will be provided for employees, which is adequate for the type of injuries which may occur.</li> <li>2. This kit to be kept readily accessible at all times.</li> <li>3. This kit will meet statute standards.</li> </ol>                                                                                                                                                                                                                           | 3                              | Supervisor         |

| STEP / TASK / ACTIVITY |                                                    | HAZARD/S                                                | RISK CLASS<br>(BEFORE CONTROLS) | CONTROLS AND SAFE WORK PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RISK CLASS<br>(AFTER CONTROLS) | RESPONSIBLE PERSON        |
|------------------------|----------------------------------------------------|---------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------|
| 25.                    | Provision and use of Personal Protective Equipment | Falling objects<br>Mobile plant<br>Vehicle traffic      | 1                               | <ol style="list-style-type: none"> <li>1. Use of items of PPE where it is not practical to control risk of injury by other means.</li> <li>2. Head protection (hard hats) worn when there is a risk of injury to the head, for example when working underneath others, booms, lines or near concrete trucks and pump.</li> <li>3. Protective footwear to be worn at all times.</li> <li>4. Hearing protection worn when excessive noise is generated, for example, during pumping operations.</li> <li>5. Use of gloves, adequate clothing and where necessary barrier creams to protect from dermatitis from contact with concrete.</li> <li>6. Use of reflective safety vests around the delivery and pump area and for other activities where there is a risk of being struck by vehicles / equipment.</li> </ol> | 3                              | All workers               |
| 26.                    | Emergency preparedness                             | Exacerbated injury and damage                           | 1                               | <ol style="list-style-type: none"> <li>1. All workers to be familiar with and adhere to site emergency procedures and emergency procedure of Jordy T Concreting Pty Ltd.</li> <li>2. In the event of an emergency Jordy T Concreting Pty Ltd Supervisor and Site Supervisor to be notified immediately.</li> <li>3. 1 person to calm injured worker and maintain continuous verbal communication.</li> <li>4. Emergency services contacted immediately – Dial 000</li> <li>5. 1 person to await emergency services at front of site</li> <li>6. 1 person to maintain continuous communication with injured worker.</li> </ol>                                                                                                                                                                                        | 3                              | All workers               |
| 27.                    | Leave site                                         | Damage to property or plant<br>Struck by moving objects | 1                               | <ol style="list-style-type: none"> <li>1. Areas left in a clean and tidy state.</li> <li>2. Sign out procedures of principal contractor followed.</li> <li>3. Environmental wash stations / gravel driveways utilised.</li> <li>4. Lock and secure site if required.</li> <li>5. Traffic management procedures of principal contractor followed.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3                              | Supervisor<br>All workers |

Additional Hazards and Control Measures *(to be completed where pre-work risk assessment determines necessary)*

| STEP/ TASK / ACTIVITY |  | HAZARD/S | RISK CLASS<br>(BEFORE CONTROLS) | CONTROLS AND SAFE WORK PROCEDURES | RISK CLASS<br>(AFTER CONTROLS) | RESPONSIBLE PERSON |
|-----------------------|--|----------|---------------------------------|-----------------------------------|--------------------------------|--------------------|
|                       |  |          |                                 |                                   |                                |                    |

| Likelihood Ratings |                                                     |
|--------------------|-----------------------------------------------------|
| Likely             | Could happen frequently                             |
| Moderate           | Could happen occasionally                           |
| Unlikely           | Could happen, but only in exceptional circumstances |

| Consequence Ratings |                                                                                                                                                                               |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| High (Class 1)      | Death or permanent disability or major structural failure / damage. Off-site environmental release / discharge not contained and significant long term environmental harm.    |
| Medium (Class 2)    | Temporary disability or minor structural failure / damage. On-site environmental release / discharge contained, minor remediation required and short term environmental harm. |
| Low (Class 3)       | Incident requiring first aid treatment. On-site environmental release / discharge immediately contained, minor remediation with no short term environmental harm              |

| Risk Priority Table |                     | Likelihood                        |                                       |                                                                |
|---------------------|---------------------|-----------------------------------|---------------------------------------|----------------------------------------------------------------|
|                     |                     | likely<br>could happen frequently | moderate<br>could happen occasionally | unlikely<br>could happen but only in exceptional circumstances |
| Consequence         | high<br>(class 1)   | 1                                 | 1                                     | 2                                                              |
|                     | medium<br>(class 2) | 1                                 | 2                                     | 3                                                              |
|                     | low<br>(class 3)    | 2                                 | 3                                     | 3                                                              |

## Applicable Legislation, Standards, Competencies, Plant / Equipment and PPE

| Plant / Equipment Used:                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Personal Protective Equipment Used:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Hand tools                                             | ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Safety Boots                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ✓ |
| Rules and measures                                     | ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SPF 50+ sunscreen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ✓ |
| Portable electrical equipment and cords                | ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Safety Helmet (as required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ✓ |
| Battery operated equipment                             | ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Gloves (as required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ✓ |
| Low level work platforms (including ladders)           | ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Eye protection (as required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ✓ |
| Builder provided scaffold                              | ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Hearing protection (as required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ✓ |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Respiratory protection (as required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ✓ |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |
| Engineering Details / Approvals                        | Handover certificate viewed for any scaffold / edge protection accessed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |
| Maintenance Checks                                     | Plant and equipment – visual inspection prior to use and in accordance with manufacturer’s instructions and recommendations.<br>Tools / Equipment– visual inspection prior to use and as per supplier’s instructions and relevant Australian Standards.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |
| Relevant Legislation, Applicable Codes of Practice     | Work Health and Safety Act 2011<br>Work Health and Safety Regulation 2011<br>Electrical Safety Act 2002<br>Electrical Safety Regulation 2013<br>Hazardous Manual Tasks Code of Practice 2011<br>How to Manage Work Health and Safety Risks Code of Practice 2011<br>Labelling of Workplace Hazardous Chemicals Code of Practice 2011<br>Managing Noise and Preventing Hearing Loss Code of Practice 2011<br>Managing the Risk of Falls at Workplaces Code of Practice 2018<br>First Aid Code of Practice 2014<br>Electrical Safety Code of Practice 2010 Working near overhead and underground electric lines<br>Managing Risks of Hazardous Chemicals in the Workplace Code of Practice 2013<br>Managing Risks of Plant in the Workplace Code of Practice 2013 | Excavation Work Code of Practice 2013<br>Work Health and Safety Consultation, Co-operation and Co-ordination Code of Practice 2011<br>National Standard for Construction Work<br>Australian Standard AS / NZS 1576 – Scaffolding General Requirements<br>Australian Standard AS / NZS 4576 - Guidelines for Scaffolding<br>Environmental Protection Act 1994<br>Environmental Protection Act 1994<br>Environmental Protection Regulation 1998<br>Environmental Protection (Waste) Policy and Regulation 2000<br>Environmental Protection (Interim Waste) Regulation 1996<br>Environmental Protection (Water) Policy 1997<br>Environmental Protection (Noise) Policy 1997<br>Environmental Protection (Air) Policy 1997 |   |
| Training / Competencies / Certificates to perform work | General Construction Induction Training<br>Site Specific Induction<br>Work Activity Induction Training<br>Safe Work Method Statements and Safe Work Procedures Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Applicable certificate of competency (where required)<br>Applicable Class Drivers License (Driver)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |
| Personnel, Duties & Responsibilities                   | Supervisor <ul style="list-style-type: none"><li>to provide train and assistance to workers to comply with the provisions of this SWMS.</li><li>to enforce the provisions of this SWMS.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Workers <ul style="list-style-type: none"><li>to be fully conversant with the provisions of this SWMS and to comply with its requirements at all times.</li><li>to report any hazards or incidents to the supervisor immediately</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |
| Monitoring / Evaluation                                | Measurement and evaluation will be an ongoing process performed principally by: <ul style="list-style-type: none"><li>continuous monitoring by supervisor;</li><li>incident investigations; and</li><li>consultation with employees and contractors.</li></ul> Should circumstances change during the activity work will cease and the SWMS will be amended as necessary. Re-training of workers in the new SWMS will occur.                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |
| Consultation & Communication                           | Jordy T Concreting Pty Ltd will actively consult with workers and subcontractors in the following forms: <ul style="list-style-type: none"><li>tool box talks used to induct employees and subcontractors;</li><li>other forums as required.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |

**Consultation, Training and Competency Register** *(copy this register if additional pages are required)***Declaration by workers**

We, the undersigned, acknowledge that:

- this SWMS has been developed in consultation with us; and
- we have been trained in the contents of this SWMS and are fully conversant with the safety procedures and precautions; and
- we will work in accordance with the procedures listed in the SWMS.

| Name | Signature | Date |
|------|-----------|------|
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### Appendix 13.3 – Training and Competency Register

| Name | General Safety Induction |      | Work Activity Training |      | Other Licences, Permits, Certificates or Competencies | Assessed Competent to perform work<br>Y / N |
|------|--------------------------|------|------------------------|------|-------------------------------------------------------|---------------------------------------------|
|      | Card No                  | Date | Trained in SWMS (Y/N)  | Date |                                                       |                                             |
|      |                          |      |                        |      |                                                       |                                             |
|      |                          |      |                        |      |                                                       |                                             |
|      |                          |      |                        |      |                                                       |                                             |
|      |                          |      |                        |      |                                                       |                                             |
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|      |                          |      |                        |      |                                                       |                                             |
|      |                          |      |                        |      |                                                       |                                             |

*(copy this register if additional pages are required)*

### Appendix 13.4 – Plant and Equipment Maintenance Register

| Equipment Description | Serial / Id Number | Last Service Date | Logbook on plant | Comments / Modifications | Next Service Date |
|-----------------------|--------------------|-------------------|------------------|--------------------------|-------------------|
|                       |                    |                   |                  |                          |                   |
|                       |                    |                   |                  |                          |                   |
|                       |                    |                   |                  |                          |                   |
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|                       |                    |                   |                  |                          |                   |

*(copy this register if additional pages are required)*

### Appendix 13.5 – Electrical Equipment Maintenance Register

| Equipment Description | Serial / Id No | Inspection Date | Date of next inspection | Electrician's / Competent Persons Signature | License / Registration No. |
|-----------------------|----------------|-----------------|-------------------------|---------------------------------------------|----------------------------|
|                       |                |                 |                         |                                             |                            |
|                       |                |                 |                         |                                             |                            |
|                       |                |                 |                         |                                             |                            |
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|                       |                |                 |                         |                                             |                            |
|                       |                |                 |                         |                                             |                            |
|                       |                |                 |                         |                                             |                            |

*(copy this register if additional pages are required)*

### Appendix 13.6 – Hazardous Chemicals Register

*(This register is to be completed and is to include all Hazardous Chemicals proposed to be used on site by the contractor. Safety Data Sheets (SDS) are available from the supplier of the product. Copy this register if additional pages are required.)*

| Product Name              | Likely Quantity | Date on SDS<br>(should not exceed 5<br>years) | Classified as hazardous<br>in SDS (Y / N) * (see<br>below) |
|---------------------------|-----------------|-----------------------------------------------|------------------------------------------------------------|
| Premixed Concrete         |                 | 2 June 2015                                   | Y                                                          |
| Diluted Hydrochloric Acid |                 | 22 June 2017                                  | Y                                                          |
| Sika CureCrete            |                 | 13 April 2015                                 | N                                                          |
| Unleaded Petrol           |                 | 1 September 2016                              | Y                                                          |
| Diesel                    |                 | 1 July 2017                                   | Y                                                          |
| Hydraulic Oil             |                 | 24 January 2017                               | N                                                          |
| Engine Oil                |                 | 2 February 2017                               | N                                                          |
|                           |                 |                                               |                                                            |

*\* If classified as hazardous – complete Appendix 13.7 Risk Assessment for each classified Hazardous Chemical.*

### Appendix 13.7 – Safe Work Method Statement (Risk Assessment) for Hazardous Chemical

Notes: All information needed to complete this risk assessment will be available in the relevant SDS. Complete a SWMS (Risk Assessment) for each Hazardous Chemical. Copy this page if additional copies are required. Attach the relevant SDS to the back of this Contractor HSE Handbook. Include the name of the Hazardous Chemical in your Hazardous Chemical register.

(Place an **X** in appropriate boxes)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    |                                                          |                                                                                                      |                                                                                                                                               |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>Product Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Premixed Concrete                                                                                                                                                                                                                                  |                                                          | <b>Date of Assessment:</b>                                                                           | 5 September 2019                                                                                                                              |                        |
| <b>Supplier Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Boral Construction Materials Ltd                                                                                                                                                                                                                   |                                                          | <b>Supplier Phone No:</b>                                                                            | 02 9220 6300                                                                                                                                  |                        |
| <b>Form:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Solid, <input type="checkbox"/> liquid, <input type="checkbox"/> gas, <input type="checkbox"/> fine dust, <input type="checkbox"/> coarse dust, <input type="checkbox"/> paste, <input checked="" type="checkbox"/> other |                                                          | <b>SDS Date:</b>                                                                                     | 2 June 2015                                                                                                                                   |                        |
| <b>Description of use:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Concrete slab/floors pour                                                                                                                                                                                                                          |                                                          | <b>Route of entry:</b>                                                                               | <input checked="" type="checkbox"/> Inhalation, <input checked="" type="checkbox"/> Ingestion, <input checked="" type="checkbox"/> Absorption |                        |
| <b>Fire and Remedial:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Carbon dioxide(CO <sub>2</sub> ) <input checked="" type="checkbox"/> Foam <input checked="" type="checkbox"/> Dry powder <input type="checkbox"/> Spill Kit          |                                                          |                                                                                                      |                                                                                                                                               |                        |
| <b>RISK CONTROLS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |                                                          |                                                                                                      |                                                                                                                                               |                        |
| <b>Isolation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Containers stored away from work area when not in use                                                                                                                                                                     |                                                          | <input type="checkbox"/> Containers stored in well ventilated / suitable containers                  |                                                                                                                                               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Containers kept closed when not in use                                                                                                                                                                                    |                                                          | <input type="checkbox"/> No ignition sources / no smoking                                            |                                                                                                                                               |                        |
| <b>Ventilation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Ensure natural ventilation                                                                                                                                                                                     | <input type="checkbox"/> Use of mechanical ventilation   | <input type="checkbox"/> Use of extraction devices                                                   |                                                                                                                                               |                        |
| <b>Other Controls</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Training in safe use                                                                                                                                                                                           | <input type="checkbox"/> Job rotation to reduce exposure | <input checked="" type="checkbox"/> Avoid contact with skin and eyes                                 | <input checked="" type="checkbox"/> Use of barrier creams                                                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Good personal hygiene – wash hands before eating, drinking, smoking, toilet                                                                                                                                    |                                                          |                                                                                                      |                                                                                                                                               |                        |
| <b>PERSONAL PROTECTIVE EQUIPMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |                                                          |                                                                                                      |                                                                                                                                               |                        |
| <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Additional PPE:                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |                                                          |                                                                                                      |                                                                                                                                               |                        |
|       |                                                                                                                                                                                                                                                    |                                                          |                                                                                                      |                                                                                                                                               |                        |
| <b>LEVEL OF RISK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |                                                          |                                                                                                      |                                                                                                                                               |                        |
| <input checked="" type="checkbox"/> Risks not significant and are not likely to increase in future                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                    |                                                          | <input type="checkbox"/> Risks are significant and not effectively controlled                        |                                                                                                                                               |                        |
| <input type="checkbox"/> Risks are significant but effectively controlled (but could increase in the future)                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                    |                                                          | <input type="checkbox"/> Uncertain about the risks                                                   |                                                                                                                                               |                        |
| <b>MONITORING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                    |                                                          |                                                                                                      |                                                                                                                                               |                        |
| Is Atmospheric Monitoring required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    |                                                          | Is Health Surveillance required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                               |                        |
| Assessment performed by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name:                                                                                                                                                                                                                                              | Kendell Trevisan                                         | Signature:                                                                                           |                                                                                                                                               | Date: 5 September 2019 |

### Appendix 13.7 – Safe Work Method Statement (Risk Assessment) for Hazardous Chemical

Notes: All information needed to complete this risk assessment will be available in the relevant SDS. Complete a SWMS (Risk Assessment) for each Hazardous Chemical. Copy this page if additional copies are required. Attach the relevant SDS to the back of this Contractor HSE Handbook. Include the name of the Hazardous Chemical in your Hazardous Chemical register.

(Place an **X** in appropriate boxes)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    |                  |                                                                                                      |                                                                                                                                               |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>Product Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Diluted Hydrochloric Acid                                                                                                                                                                                                                          |                  | <b>Date of Assessment:</b>                                                                           | 5 September 2019                                                                                                                              |                                                |
| <b>Supplier Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ixom                                                                                                                                                                                                                                               |                  | <b>Supplier Phone No:</b>                                                                            | 03 9906 3000                                                                                                                                  |                                                |
| <b>Form:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Solid, <input checked="" type="checkbox"/> liquid, <input type="checkbox"/> gas, <input type="checkbox"/> fine dust, <input type="checkbox"/> coarse dust, <input type="checkbox"/> paste, <input type="checkbox"/> other |                  | <b>SDS Date:</b>                                                                                     | 22 June 2017                                                                                                                                  |                                                |
| <b>Description of use:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Cleaning agent                                                                                                                                                                                                                                     |                  | <b>Route of entry:</b>                                                                               | <input checked="" type="checkbox"/> Inhalation, <input checked="" type="checkbox"/> Ingestion, <input checked="" type="checkbox"/> Absorption |                                                |
| <b>Fire and Remedial:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Carbon dioxide(CO <sub>2</sub> ) <input checked="" type="checkbox"/> Foam <input checked="" type="checkbox"/> Dry powder <input type="checkbox"/> Spill Kit          |                  |                                                                                                      |                                                                                                                                               |                                                |
| <b>RISK CONTROLS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |                  |                                                                                                      |                                                                                                                                               |                                                |
| <b>Isolation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Containers stored away from work area when not in use                                                                                                                                                          |                  | <input checked="" type="checkbox"/> Containers stored in well ventilated / suitable containers       |                                                                                                                                               |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Containers kept closed when not in use                                                                                                                                                                         |                  | <input type="checkbox"/> No ignition sources / no smoking                                            |                                                                                                                                               |                                                |
| <b>Ventilation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Ensure natural ventilation <input type="checkbox"/> Use of mechanical ventilation                                                                                                                              |                  | <input type="checkbox"/> Use of extraction devices                                                   |                                                                                                                                               |                                                |
| <b>Other Controls</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Training in safe use <input type="checkbox"/> Job rotation to reduce exposure                                                                                                                                  |                  | <input checked="" type="checkbox"/> Avoid contact with skin and eyes                                 |                                                                                                                                               | <input type="checkbox"/> Use of barrier creams |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Good personal hygiene – wash hands before eating, drinking, smoking, toilet                                                                                                                                    |                  |                                                                                                      |                                                                                                                                               |                                                |
| <b>PERSONAL PROTECTIVE EQUIPMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |                  |                                                                                                      |                                                                                                                                               |                                                |
| <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Additional PPE:                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    |                  |                                                                                                      |                                                                                                                                               |                                                |
|       |                                                                                                                                                                                                                                                    |                  |                                                                                                      |                                                                                                                                               |                                                |
| <b>LEVEL OF RISK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |                  |                                                                                                      |                                                                                                                                               |                                                |
| <input checked="" type="checkbox"/> Risks not significant and are not likely to increase in future                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                    |                  | <input type="checkbox"/> Risks are significant and not effectively controlled                        |                                                                                                                                               |                                                |
| <input type="checkbox"/> Risks are significant but effectively controlled (but could increase in the future)                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                    |                  | <input type="checkbox"/> Uncertain about the risks                                                   |                                                                                                                                               |                                                |
| <b>MONITORING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                    |                  |                                                                                                      |                                                                                                                                               |                                                |
| Is Atmospheric Monitoring required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    |                  | Is Health Surveillance required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                               |                                                |
| Assessment performed by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name:                                                                                                                                                                                                                                              | Kendell Trevisan | Signature:                                                                                           |                                                                                                                                               | Date: 5 September 2019                         |

### Appendix 13.7 – Safe Work Method Statement (Risk Assessment) for Hazardous Chemical

Notes: All information needed to complete this risk assessment will be available in the relevant SDS. Complete a SWMS (Risk Assessment) for each Hazardous Chemical. Copy this page if additional copies are required. Attach the relevant SDS to the back of this Contractor HSE Handbook. Include the name of the Hazardous Chemical in your Hazardous Chemical register.

(Place an **X** in appropriate boxes)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    |                                                        |                                                                                                      |                                                                                                                                    |                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>Product Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sika CureCrete                                                                                                                                                                                                                                     |                                                        | <b>Date of Assessment:</b>                                                                           | 5 September 2019                                                                                                                   |                                                                      |
| <b>Supplier Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sika                                                                                                                                                                                                                                               |                                                        | <b>Supplier Phone No:</b>                                                                            | 02 9725 1145                                                                                                                       |                                                                      |
| <b>Form:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Solid, <input checked="" type="checkbox"/> liquid, <input type="checkbox"/> gas, <input type="checkbox"/> fine dust, <input type="checkbox"/> coarse dust, <input type="checkbox"/> paste, <input type="checkbox"/> other |                                                        | <b>SDS Date:</b>                                                                                     | 13 April 2015                                                                                                                      |                                                                      |
| <b>Description of use:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Curing agent                                                                                                                                                                                                                                       |                                                        | <b>Route of entry:</b>                                                                               | <input type="checkbox"/> Inhalation, <input checked="" type="checkbox"/> Ingestion, <input checked="" type="checkbox"/> Absorption |                                                                      |
| <b>Fire and Remedial:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Carbon dioxide(CO <sub>2</sub> ) <input checked="" type="checkbox"/> Foam <input checked="" type="checkbox"/> Dry powder <input type="checkbox"/> Spill Kit          |                                                        |                                                                                                      |                                                                                                                                    |                                                                      |
| <b>RISK CONTROLS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |                                                        |                                                                                                      |                                                                                                                                    |                                                                      |
| <b>Isolation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Containers stored away from work area when not in use                                                                                                                                                                     |                                                        | <input type="checkbox"/> Containers stored in well ventilated / suitable containers                  |                                                                                                                                    |                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Containers kept closed when not in use                                                                                                                                                                         |                                                        | <input type="checkbox"/> No ignition sources / no smoking                                            |                                                                                                                                    |                                                                      |
| <b>Ventilation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Ensure natural ventilation                                                                                                                                                                                                | <input type="checkbox"/> Use of mechanical ventilation | <input type="checkbox"/> Use of extraction devices                                                   |                                                                                                                                    |                                                                      |
| <b>Other Controls</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Training in safe use                                                                                                                                                                                                      |                                                        | <input type="checkbox"/> Job rotation to reduce exposure                                             |                                                                                                                                    | <input checked="" type="checkbox"/> Avoid contact with skin and eyes |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Good personal hygiene – wash hands before eating, drinking, smoking, toilet                                                                                                                                    |                                                        | <input type="checkbox"/> Use of barrier creams                                                       |                                                                                                                                    |                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    |                                                        |                                                                                                      |                                                                                                                                    |                                                                      |
| <b>PERSONAL PROTECTIVE EQUIPMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |                                                        |                                                                                                      |                                                                                                                                    |                                                                      |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Additional PPE:                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                    |                                                        |                                                                                                      |                                                                                                                                    |                                                                      |
|       |                                                                                                                                                                                                                                                    |                                                        |                                                                                                      |                                                                                                                                    |                                                                      |
| <b>LEVEL OF RISK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |                                                        |                                                                                                      |                                                                                                                                    |                                                                      |
| <input checked="" type="checkbox"/> Risks not significant and are not likely to increase in future                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                    |                                                        | <input type="checkbox"/> Risks are significant and not effectively controlled                        |                                                                                                                                    |                                                                      |
| <input type="checkbox"/> Risks are significant but effectively controlled (but could increase in the future)                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                    |                                                        | <input type="checkbox"/> Uncertain about the risks                                                   |                                                                                                                                    |                                                                      |
| <b>MONITORING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                    |                                                        |                                                                                                      |                                                                                                                                    |                                                                      |
| Is Atmospheric Monitoring required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    |                                                        | Is Health Surveillance required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                    |                                                                      |
| Assessment performed by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name:                                                                                                                                                                                                                                              | Kendell Trevisan                                       | Signature:                                                                                           |                                                                                                                                    | Date: 5 September 2019                                               |

### Appendix 13.7 – Safe Work Method Statement (Risk Assessment) for Hazardous Chemical

Notes: All information needed to complete this risk assessment will be available in the relevant SDS. Complete a SWMS (Risk Assessment) for each Hazardous Chemical. Copy this page if additional copies are required. Attach the relevant SDS to the back of this Contractor HSE Handbook. Include the name of the Hazardous Chemical in your Hazardous Chemical register.

(Place an **X** in appropriate boxes)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Product Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Unleaded Petrol                                                                                                                                                                                                                                    | <b>Date of Assessment:</b>                                                                           | 5 September 2019                                                                                                                              |
| <b>Supplier Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BP Australia                                                                                                                                                                                                                                       | <b>Supplier Phone No:</b>                                                                            | 03 9268 4111                                                                                                                                  |
| <b>Form:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Solid, <input checked="" type="checkbox"/> liquid, <input type="checkbox"/> gas, <input type="checkbox"/> fine dust, <input type="checkbox"/> coarse dust, <input type="checkbox"/> paste, <input type="checkbox"/> other | <b>SDS Date:</b>                                                                                     | 1 September 2016                                                                                                                              |
| <b>Description of use:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Fuel                                                                                                                                                                                                                                               | <b>Route of entry:</b>                                                                               | <input checked="" type="checkbox"/> Inhalation, <input checked="" type="checkbox"/> Ingestion, <input checked="" type="checkbox"/> Absorption |
| <b>Fire and Remedial:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Carbon dioxide(CO <sub>2</sub> ) <input checked="" type="checkbox"/> Foam <input checked="" type="checkbox"/> Dry powder <input type="checkbox"/> Spill Kit          |                                                                                                      |                                                                                                                                               |
| <b>RISK CONTROLS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                                               |
| <b>Isolation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Containers stored away from work area when not in use                                                                                                                                                          | <input checked="" type="checkbox"/> Containers stored in well ventilated / suitable containers       |                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Containers kept closed when not in use                                                                                                                                                                         | <input checked="" type="checkbox"/> No ignition sources / no smoking                                 |                                                                                                                                               |
| <b>Ventilation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Ensure natural ventilation                                                                                                                                                                                     | <input type="checkbox"/> Use of mechanical ventilation                                               | <input type="checkbox"/> Use of extraction devices                                                                                            |
| <b>Other Controls</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Training in safe use                                                                                                                                                                                           | <input type="checkbox"/> Job rotation to reduce exposure                                             | <input checked="" type="checkbox"/> Avoid contact with skin and eyes                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Good personal hygiene – wash hands before eating, drinking, smoking, toilet                                                                                                                                    |                                                                                                      |                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                                               |
| <b>PERSONAL PROTECTIVE EQUIPMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                                               |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Additional PPE:                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                                               |
|       |                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                                               |
| <b>LEVEL OF RISK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                                               |
| <input checked="" type="checkbox"/> Risks not significant and are not likely to increase in future                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                    | <input type="checkbox"/> Risks are significant and not effectively controlled                        |                                                                                                                                               |
| <input type="checkbox"/> Risks are significant but effectively controlled (but could increase in the future)                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                    | <input type="checkbox"/> Uncertain about the risks                                                   |                                                                                                                                               |
| <b>MONITORING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                                               |
| Is Atmospheric Monitoring required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    | Is Health Surveillance required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                               |
| Assessment performed by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name: Kendell Trevisan                                                                                                                                                                                                                             | Signature:                                                                                           | Date: 5 September 2019                                                                                                                        |

### Appendix 13.7 – Safe Work Method Statement (Risk Assessment) for Hazardous Chemical

Notes: All information needed to complete this risk assessment will be available in the relevant SDS. Complete a SWMS (Risk Assessment) for each Hazardous Chemical. Copy this page if additional copies are required. Attach the relevant SDS to the back of this Contractor HSE Handbook. Include the name of the Hazardous Chemical in your Hazardous Chemical register.

(Place an **X** in appropriate boxes)

|                                                                                                              |                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>Product Name:</b>                                                                                         | Diesel                                                                                                                                                                                                                                             |                                                                                    | <b>Date of Assessment:</b>                                                                           | 5 September 2019                                                                                                                              |                                                                                      |
| <b>Supplier Name:</b>                                                                                        | Caltex Australia                                                                                                                                                                                                                                   |                                                                                    | <b>Supplier Phone No:</b>                                                                            | 02 9250 5000                                                                                                                                  |                                                                                      |
| <b>Form:</b>                                                                                                 | <input type="checkbox"/> Solid, <input checked="" type="checkbox"/> liquid, <input type="checkbox"/> gas, <input type="checkbox"/> fine dust, <input type="checkbox"/> coarse dust, <input type="checkbox"/> paste, <input type="checkbox"/> other |                                                                                    | <b>SDS Date:</b>                                                                                     | 1 July 2017                                                                                                                                   |                                                                                      |
| <b>Description of use:</b>                                                                                   | Fuel                                                                                                                                                                                                                                               |                                                                                    | <b>Route of entry:</b>                                                                               | <input checked="" type="checkbox"/> Inhalation, <input checked="" type="checkbox"/> Ingestion, <input checked="" type="checkbox"/> Absorption |                                                                                      |
| <b>Fire and Remedial:</b>                                                                                    | <input type="checkbox"/> Water <input checked="" type="checkbox"/> Carbon dioxide(CO <sub>2</sub> ) <input checked="" type="checkbox"/> Foam <input checked="" type="checkbox"/> Dry powder <input checked="" type="checkbox"/> Spill Kit          |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| <b>RISK CONTROLS</b>                                                                                         |                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| <b>Isolation</b>                                                                                             | <input checked="" type="checkbox"/> Containers stored away from work area when not in use                                                                                                                                                          |                                                                                    | <input checked="" type="checkbox"/> Containers stored in well ventilated / suitable containers       |                                                                                                                                               |                                                                                      |
|                                                                                                              | <input checked="" type="checkbox"/> Containers kept closed when not in use                                                                                                                                                                         |                                                                                    | <input checked="" type="checkbox"/> No ignition sources / no smoking                                 |                                                                                                                                               |                                                                                      |
| <b>Ventilation</b>                                                                                           | <input checked="" type="checkbox"/> Ensure natural ventilation                                                                                                                                                                                     | <input type="checkbox"/> Use of mechanical ventilation                             | <input type="checkbox"/> Use of extraction devices                                                   |                                                                                                                                               |                                                                                      |
| <b>Other Controls</b>                                                                                        | <input checked="" type="checkbox"/> Training in safe use                                                                                                                                                                                           | <input type="checkbox"/> Job rotation to reduce exposure                           | <input checked="" type="checkbox"/> Avoid contact with skin and eyes                                 | <input type="checkbox"/> Use of barrier creams                                                                                                |                                                                                      |
|                                                                                                              | <input checked="" type="checkbox"/> Good personal hygiene – wash hands before eating, drinking, smoking, toilet                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
|                                                                                                              |                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| <b>PERSONAL PROTECTIVE EQUIPMENT</b>                                                                         |                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| <input checked="" type="checkbox"/>                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                                | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/> Additional PPE:                                             |
|                            |                                                                                                                                                                  |  |                    |                                                            |  |
| <b>LEVEL OF RISK</b>                                                                                         |                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| <input checked="" type="checkbox"/> Risks not significant and are not likely to increase in future           |                                                                                                                                                                                                                                                    |                                                                                    | <input type="checkbox"/> Risks are significant and not effectively controlled                        |                                                                                                                                               |                                                                                      |
| <input type="checkbox"/> Risks are significant but effectively controlled (but could increase in the future) |                                                                                                                                                                                                                                                    |                                                                                    | <input type="checkbox"/> Uncertain about the risks                                                   |                                                                                                                                               |                                                                                      |
| <b>MONITORING</b>                                                                                            |                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| Is Atmospheric Monitoring required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      |                                                                                                                                                                                                                                                    |                                                                                    | Is Health Surveillance required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                               |                                                                                      |
| Assessment performed by:                                                                                     | Name:                                                                                                                                                                                                                                              | Kendell Trevisan                                                                   | Signature:                                                                                           |                                                                                                                                               | Date: 5 September 2019                                                               |

### Appendix 13.7 – Safe Work Method Statement (Risk Assessment) for Hazardous Chemical

Notes: All information needed to complete this risk assessment will be available in the relevant SDS. Complete a SWMS (Risk Assessment) for each Hazardous Chemical. Copy this page if additional copies are required. Attach the relevant SDS to the back of this Contractor HSE Handbook. Include the name of the Hazardous Chemical in your Hazardous Chemical register.

(Place an **X** in appropriate boxes)

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| <b>Product Name:</b>                                                                                         | Hydraulic Oil                                                                                                                                                                                                                                      |                                                                                    | <b>Date of Assessment:</b>                                                                           | 5 September 2019                                                                                                                              |                                                                                      |
| <b>Supplier Name:</b>                                                                                        | Caltex Australia                                                                                                                                                                                                                                   |                                                                                    | <b>Supplier Phone No:</b>                                                                            | 02 9250 5000                                                                                                                                  |                                                                                      |
| <b>Form:</b>                                                                                                 | <input type="checkbox"/> Solid, <input checked="" type="checkbox"/> liquid, <input type="checkbox"/> gas, <input type="checkbox"/> fine dust, <input type="checkbox"/> coarse dust, <input type="checkbox"/> paste, <input type="checkbox"/> other |                                                                                    | <b>SDS Date:</b>                                                                                     | 24 January 2017                                                                                                                               |                                                                                      |
| <b>Description of use:</b>                                                                                   | Lubricant oil                                                                                                                                                                                                                                      |                                                                                    | <b>Route of entry:</b>                                                                               | <input checked="" type="checkbox"/> Inhalation, <input checked="" type="checkbox"/> Ingestion, <input checked="" type="checkbox"/> Absorption |                                                                                      |
| <b>Fire and Remedial:</b>                                                                                    | <input type="checkbox"/> Water <input checked="" type="checkbox"/> Carbon dioxide(CO <sub>2</sub> ) <input checked="" type="checkbox"/> Foam <input checked="" type="checkbox"/> Dry powder <input checked="" type="checkbox"/> Spill Kit          |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| <b>RISK CONTROLS</b>                                                                                         |                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| <b>Isolation</b>                                                                                             | <input checked="" type="checkbox"/> Containers stored away from work area when not in use                                                                                                                                                          |                                                                                    | <input checked="" type="checkbox"/> Containers stored in well ventilated / suitable containers       |                                                                                                                                               |                                                                                      |
|                                                                                                              | <input checked="" type="checkbox"/> Containers kept closed when not in use                                                                                                                                                                         |                                                                                    | <input checked="" type="checkbox"/> No ignition sources / no smoking                                 |                                                                                                                                               |                                                                                      |
| <b>Ventilation</b>                                                                                           | <input checked="" type="checkbox"/> Ensure natural ventilation                                                                                                                                                                                     | <input type="checkbox"/> Use of mechanical ventilation                             | <input type="checkbox"/> Use of extraction devices                                                   |                                                                                                                                               |                                                                                      |
| <b>Other Controls</b>                                                                                        | <input checked="" type="checkbox"/> Training in safe use                                                                                                                                                                                           |                                                                                    | <input type="checkbox"/> Job rotation to reduce exposure                                             |                                                                                                                                               | <input checked="" type="checkbox"/> Avoid contact with skin and eyes                 |
|                                                                                                              | <input checked="" type="checkbox"/> Good personal hygiene – wash hands before eating, drinking, smoking, toilet                                                                                                                                    |                                                                                    | <input type="checkbox"/> Use of barrier creams                                                       |                                                                                                                                               |                                                                                      |
|                                                                                                              |                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| <b>PERSONAL PROTECTIVE EQUIPMENT</b>                                                                         |                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| <input checked="" type="checkbox"/>                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                                | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/> Additional PPE:                                             |
|                            |                                                                                                                                                                  |  |                    |                                                            |  |
| <b>LEVEL OF RISK</b>                                                                                         |                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| <input checked="" type="checkbox"/> Risks not significant and are not likely to increase in future           |                                                                                                                                                                                                                                                    |                                                                                    | <input type="checkbox"/> Risks are significant and not effectively controlled                        |                                                                                                                                               |                                                                                      |
| <input type="checkbox"/> Risks are significant but effectively controlled (but could increase in the future) |                                                                                                                                                                                                                                                    |                                                                                    | <input type="checkbox"/> Uncertain about the risks                                                   |                                                                                                                                               |                                                                                      |
| <b>MONITORING</b>                                                                                            |                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| Is Atmospheric Monitoring required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      |                                                                                                                                                                                                                                                    |                                                                                    | Is Health Surveillance required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                               |                                                                                      |
| Assessment performed by:                                                                                     | Name:                                                                                                                                                                                                                                              | Kendell Trevisan                                                                   | Signature:                                                                                           |                                                                                                                                               | Date: 5 September 2019                                                               |

### Appendix 13.7 – Safe Work Method Statement (Risk Assessment) for Hazardous Chemical

Notes: All information needed to complete this risk assessment will be available in the relevant SDS. Complete a SWMS (Risk Assessment) for each Hazardous Chemical. Copy this page if additional copies are required. Attach the relevant SDS to the back of this Contractor HSE Handbook. Include the name of the Hazardous Chemical in your Hazardous Chemical register.

(Place an **X** in appropriate boxes)

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| <b>Product Name:</b>                                                                                         | Engine oil                                                                                                                                                                                                                                         |                                                                                    | <b>Date of Assessment:</b>                                                                           | 5 September 2019                                                                                                                              |                                                                                      |
| <b>Supplier Name:</b>                                                                                        | Caltex Australia                                                                                                                                                                                                                                   |                                                                                    | <b>Supplier Phone No:</b>                                                                            | 02 9250 5000                                                                                                                                  |                                                                                      |
| <b>Form:</b>                                                                                                 | <input type="checkbox"/> Solid, <input checked="" type="checkbox"/> liquid, <input type="checkbox"/> gas, <input type="checkbox"/> fine dust, <input type="checkbox"/> coarse dust, <input type="checkbox"/> paste, <input type="checkbox"/> other |                                                                                    | <b>SDS Date:</b>                                                                                     | 2 February 2017                                                                                                                               |                                                                                      |
| <b>Description of use:</b>                                                                                   | Fuel                                                                                                                                                                                                                                               |                                                                                    | <b>Route of entry:</b>                                                                               | <input checked="" type="checkbox"/> Inhalation, <input checked="" type="checkbox"/> Ingestion, <input checked="" type="checkbox"/> Absorption |                                                                                      |
| <b>Fire and Remedial:</b>                                                                                    | <input type="checkbox"/> Water <input checked="" type="checkbox"/> Carbon dioxide(CO <sub>2</sub> ) <input checked="" type="checkbox"/> Foam <input checked="" type="checkbox"/> Dry powder <input checked="" type="checkbox"/> Spill Kit          |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| <b>RISK CONTROLS</b>                                                                                         |                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| <b>Isolation</b>                                                                                             | <input checked="" type="checkbox"/> Containers stored away from work area when not in use                                                                                                                                                          |                                                                                    | <input checked="" type="checkbox"/> Containers stored in well ventilated / suitable containers       |                                                                                                                                               |                                                                                      |
|                                                                                                              | <input checked="" type="checkbox"/> Containers kept closed when not in use                                                                                                                                                                         |                                                                                    | <input checked="" type="checkbox"/> No ignition sources / no smoking                                 |                                                                                                                                               |                                                                                      |
| <b>Ventilation</b>                                                                                           | <input checked="" type="checkbox"/> Ensure natural ventilation                                                                                                                                                                                     | <input type="checkbox"/> Use of mechanical ventilation                             | <input type="checkbox"/> Use of extraction devices                                                   |                                                                                                                                               |                                                                                      |
| <b>Other Controls</b>                                                                                        | <input checked="" type="checkbox"/> Training in safe use                                                                                                                                                                                           | <input type="checkbox"/> Job rotation to reduce exposure                           | <input checked="" type="checkbox"/> Avoid contact with skin and eyes                                 | <input type="checkbox"/> Use of barrier creams                                                                                                |                                                                                      |
|                                                                                                              | <input checked="" type="checkbox"/> Good personal hygiene – wash hands before eating, drinking, smoking, toilet                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
|                                                                                                              |                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| <b>PERSONAL PROTECTIVE EQUIPMENT</b>                                                                         |                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| <input checked="" type="checkbox"/>                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                                | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/> Additional PPE:                                             |
|                            |                                                                                                                                                                  |  |                    |                                                            |  |
| <b>LEVEL OF RISK</b>                                                                                         |                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| <input checked="" type="checkbox"/> Risks not significant and are not likely to increase in future           |                                                                                                                                                                                                                                                    |                                                                                    | <input type="checkbox"/> Risks are significant and not effectively controlled                        |                                                                                                                                               |                                                                                      |
| <input type="checkbox"/> Risks are significant but effectively controlled (but could increase in the future) |                                                                                                                                                                                                                                                    |                                                                                    | <input type="checkbox"/> Uncertain about the risks                                                   |                                                                                                                                               |                                                                                      |
| <b>MONITORING</b>                                                                                            |                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                      |                                                                                                                                               |                                                                                      |
| Is Atmospheric Monitoring required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      |                                                                                                                                                                                                                                                    |                                                                                    | Is Health Surveillance required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                               |                                                                                      |
| Assessment performed by:                                                                                     | Name:                                                                                                                                                                                                                                              | Kendell Trevisan                                                                   | Signature:                                                                                           |                                                                                                                                               | Date: 5 September 2019                                                               |

### Appendix 13.7 – Safe Work Method Statement (Risk Assessment) for Hazardous Chemical

Notes: All information needed to complete this risk assessment will be available in the relevant SDS. Complete a SWMS (Risk Assessment) for each Hazardous Chemical. Copy this page if additional copies are required. Attach the relevant SDS to the back of this Contractor HSE Handbook. Include the name of the Hazardous Chemical in your Hazardous Chemical register.

(Place an **X** in appropriate boxes)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                         |                                                        |                                                                                           |                                                                                                              |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>Product Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                         |                                                        | <b>Date of Assessment:</b>                                                                |                                                                                                              |                                                           |
| <b>Supplier Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                         |                                                        | <b>Supplier Phone No:</b>                                                                 |                                                                                                              |                                                           |
| <b>Form:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Solid, <input type="checkbox"/> liquid, <input type="checkbox"/> gas, <input type="checkbox"/> fine dust, <input type="checkbox"/> coarse dust, <input type="checkbox"/> paste, <input type="checkbox"/> other |                                                        | <b>SDS Date:</b>                                                                          |                                                                                                              |                                                           |
| <b>Description of use:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                         |                                                        | <b>Route of entry:</b>                                                                    | <input type="checkbox"/> Inhalation, <input type="checkbox"/> Ingestion, <input type="checkbox"/> Absorption |                                                           |
| <b>Fire and Remedial:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Water <input type="checkbox"/> Carbon dioxide(CO <sub>2</sub> ) <input type="checkbox"/> Foam <input type="checkbox"/> Dry powder <input type="checkbox"/> Spill Kit                                           |                                                        |                                                                                           |                                                                                                              |                                                           |
| <b>RISK CONTROLS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                         |                                                        |                                                                                           |                                                                                                              |                                                           |
| <b>Isolation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Containers stored away from work area when not in use                                                                                                                                                          |                                                        | <input type="checkbox"/> Containers stored in well ventilated / suitable containers       |                                                                                                              |                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Containers kept closed when not in use                                                                                                                                                                         |                                                        | <input type="checkbox"/> No ignition sources / no smoking                                 |                                                                                                              |                                                           |
| <b>Ventilation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Ensure natural ventilation                                                                                                                                                                                     | <input type="checkbox"/> Use of mechanical ventilation | <input type="checkbox"/> Use of extraction devices                                        | <input type="checkbox"/>                                                                                     |                                                           |
| <b>Other Controls</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Training in safe use                                                                                                                                                                                           |                                                        | <input type="checkbox"/> Job rotation to reduce exposure                                  |                                                                                                              | <input type="checkbox"/> Avoid contact with skin and eyes |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Good personal hygiene – wash hands before eating, drinking, smoking, toilet                                                                                                                                    |                                                        | <input type="checkbox"/> Use of barrier creams                                            |                                                                                                              |                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                         |                                                        |                                                                                           |                                                                                                              |                                                           |
| <b>PERSONAL PROTECTIVE EQUIPMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                         |                                                        |                                                                                           |                                                                                                              |                                                           |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Additional PPE:                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                         |                                                        |                                                                                           |                                                                                                              |                                                           |
|       |                                                                                                                                                                                                                                         |                                                        |                                                                                           |                                                                                                              |                                                           |
| <b>LEVEL OF RISK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                         |                                                        |                                                                                           |                                                                                                              |                                                           |
| <input type="checkbox"/> Risks not significant and are not likely to increase in future                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |                                                        | <input type="checkbox"/> Risks are significant and not effectively controlled             |                                                                                                              |                                                           |
| <input type="checkbox"/> Risks are significant but effectively controlled (but could increase in the future)                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                         |                                                        | <input type="checkbox"/> Uncertain about the risks                                        |                                                                                                              |                                                           |
| <b>MONITORING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                         |                                                        |                                                                                           |                                                                                                              |                                                           |
| Is Atmospheric Monitoring required? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                         |                                                        | Is Health Surveillance required? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                              |                                                           |
| Assessment performed by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name:                                                                                                                                                                                                                                   | Kendell Trevisan                                       | Signature:                                                                                |                                                                                                              | Date:                                                     |

## Appendix 13.8 – Safety Data Sheets

*(File Safety Data Sheets after this page)*