Smartslab P/L
PO Box 2697 Bowral NSW 2576
ABN 84 091 346 262
RISK ASSESSMENT AND SWMS

A Work Method Statement is to be completed by the contractor and submitted to the supervisor prior to commencement.

Site Address: General		**Date assessed:**
Supervisor		**Phone number:**

TASK BEING ASSESSED	**CERTIFICATE(S) of COMPETENCY REQUIRED:**
Installation of Smartslab suspended concrete floor	**P = PREFERRED R = REQUIRED** **Licenced Concretor R** **Licenced Crane driver and Dogman R** **Trained Installer**

INDICATE THE ITEMS THAT APPLY TO THIS SITE

APPLICABLE ACTS, REGULATIONS AND CODES OF PRACTICE
OHS Act 2000
Regulations 2001
CoP Cutting & Drilling Concrete
CoP Moving Plant on Construction Sites
CoP Formwork
CoP Manual Handling
CoP Work Near Overhead Powerlines

TRAINING REQUIREMENTS

	General Induction Card
	General OH&S awareness
	Site instruction appropriate to semi skilled workers
	Rawson Homes Site Inductions as required

MAINTENANCE SCHEDULES

y	All hand tools to be visually inspected before use
y	All tools and machinery serviced as per manufacturers instructions

PERSONAL PROTECTIVE EQUIPMENT	
y	Safety glasses/ Face shield
	Dust mask
	Respirator
y	Earplugs/ muffs
y	Hardhat/
y	sunhat
y	Hi-Vis Vest/ clothing
y	Safety boots
y	Gloves
	Wet weather clothing
	Overalls
	Safety Harness
	Other:

EQUIPMENT OPERATION

y	Operation of machinery (types) 240 V petrol Generator as required, if site power is not available
	Driving (types of vehicles)
y	Hand tools (types) tinsnip and hammer Battery powered saw and screw guns
n	Logbooks/ registers not required required on site (e.g. MSDS) Power tool tag register not required
y	Rubbish and spills disposal As directed by supervisor

Have there been any accidents associated with this job?	**/ N**	If so, please provide details
What injury was sustained?	How Did Incident Occur?	

RISK ASSESSMENT

All 9's & 10's are to be brought to the attention of the builders on site representative **and** OHS Manager **before** commencement of work

Table A

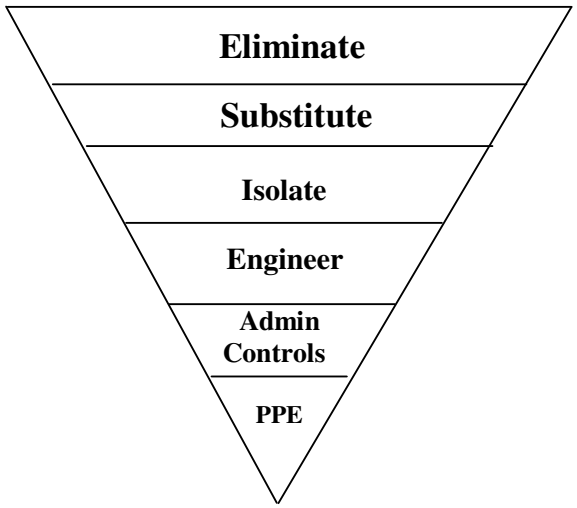
Consequence	**Rating**	**Severity of injury** *The hazard may:*
Catastrophic	7	Can cause loss of limb (e.g., arm or leg) or fatality
Critical	5	Can cause severe injury or illness, loss of part of limb (e.g., finger) major property damage.
Major	4	Can result in considerable lost time (seven days or more), may require hospitalisation
Minor	1	Can cause minor injury, illness or property damage
Negligible	0	May have very little effect on employees' health or safety

Table B

Probability	**Rating**	**Estimate of Accident Frequency**
Frequent	3	Accident likely to occur frequently
Occasional	2	Accident likely to occur occasionally
Remote	1	Accident not likely to occur
Improbable	0	Accident most unlikely to occur

RATING	**URGENCY**	**TIMEFRAME**
9, 10	**Urgent, stop work fix now**	**Fix NOW!**
7, 8	Fix ASAP/ possibly stop work	Isolate Risk Fix today
5, 6	Fix quickly	Fix in 48 Hours
3, 4	Plan to fix in the short term	Fix in 7 days
0, 1, 2	Monitor these and fix when the opportunity arises	Fix in 14 days

Add the scores from A & B to determine corrective action timeframe



Do not do that particular task or step if possible.

Replace cancer causing chemical used in a process, with non-toxic chemical.

Install noise absorbing material around noisy equipment; Shield operator from flying debris with screens

Modify machinery to move operator away from moving parts; by placing guards on moving parts

Job rotation, training, rest breaks

Dust masks, goggles, wet weather gear, steel cap boots, harnessing.

NOTES

1. PPE should not be seen as a final solution to risk. It should only be a short-term strategy while more permanent controls are identified and implemented.

2. Ensure **past injury occurrences** are taken into account when rating risk.

TASK DESCRIPTION

Work method statement title:Installation of Smartslab		Date created: 24 / 09 /2009		Date for review: / /
List task steps	Hazards identified	Current Controls	Risk #	Training/experience required to completed the task safely
On site Risk Assessment	Report to Rawson Homes Supervisor	Site Risk Assessment Form	0	Site Induction
Site tidiness	Trip Hazards	Inform Site Supervisor to remove debris, clean work areas before start work	0	Procedure
Overhead Lines	Electrical	Inform Site supervisor the need for overhead line protection, in the event of crane or general work proximity.	1	Green Card
Lifting materials generally	Back injuries	Use proper lifting technique, use crane or mechanical lifting m/c where appropriate	1	Green Card
Temporary access to heights using step ladder	Fall from ladder	Use mobile platform as priority method, otherwise set and adjust ladders appropriately. Use industrial type to 120 kg.	1	Green Card
Working from heights generally	falls	Advise site supervisor to install scaffolding or safety railing around stairwells, perimeter of house.	4	Site instruction
Cutting with grinder	Eye injury, hearing loss and damage to glass windows and doors	Wear safety glasses, preferably full face mask, Ear protection, gloves, long sleeve shirts, check proximity of other workers and for location of glass	0	Site instruction
Component Delivery incl steel frame, decking and mesh	Trip hazards	Fence of Material, shift away from access ways	0	Green card
Layout bearers , mark out and fix brackets.	Lifting	Maximum length of Bearer lift by one person is 6000 mm otherwise two person lift to 12 metres	1	General Training
Mark out and install structural steel	Beam fall or fall from its supports	Use Licensed Crane operator with dogman. Insure crane operator does site assessment. Wear PPE, Hard Hats,Locate position of steel beams, allow dogman to position beam in close proximity to final location then assist in manoeuvring to final location from scaffolding , or mobile scaffolding, step ladder as appropriate. Install all bolts to connection and tighten firmly once positioned. Stand clear from beam during lift.	1	General Training
Move Joists and bearers into position adjacent to final location in upper floor.	Lifting	Maximum length of Bearer lift by one person is 6000 mm otherwise two person lift to 12 metres	1	General Training
Install bearer and joists from mobile platform or step ladders as required	Lifting	All single joist and bearer installation to be carried out by two installers. Fix off joists as each is installed. Also use tie wire to hold bearers into structural steel beams, Tie each end of bearer , wrap around beam.	1	General Training on installation
Screwing with teks	Airborne swarf , eye injury	Wear safety glasses all times	0	On site procedure
Notify Supervisor to install scaffolding	falls	Advise site supervisor to install scaffolding or safety railing around stairwells, perimeter of house.	4	Site instruction
Installing Sheeting / deck	Cuts	Avoid high wind , wear PPE, gloves. Start from scaffold and work outwards from there laying sheets and screwing them down to the joists.	0	on site

Installing mesh	Injury due to cut mesh bar	Drag single sheets onto the floor and layout front to back, tie as appropriate, any waste to be tied into the installed mesh where appropriate otherwise placed in location advised by supervisor.	0	General Training
Installing Concrete	Falls and sun stroke on hot day	Insure all scaffolding and safety rails around stair voids are installed. Concretors to wear protective clothing shirt, gloves and safety glasses.	0	Concretor Tradework Licenced Concretor
Concrete Pump	Trip hazard, restraint of thoroughfare	Keep line to pavement and place waring signs each side. For more than 200mm above pathway, apply to council for permit	0	Site Instruction
Cleanup of pump	Trip hazard	Insure residue concrete left in concrete and masonry waste area or as directed by supervisor.	0	Procedure

WMS SIGN- OFF			
Worker	**Signature**	**Worker**	**Signature**
When format approved			

OTHER IDENTIFIED RISKS

Risk	Corrective Actions	Responsible person(s)	Agreed Action Date	Actual Action Date
To be reviewed on site at time of start				

(Contractor name) believes that this WMS/ Risk Assessment is an accurate description of the risks related to the job on this site. It is agreed that the above assessment and controls developed by ourselves, our employees and sub-contractors are appropriate and achievable. Furthermore we will work with the builder in the monitoring and improving site safety.

Contractor: _____ _____ _____

Building Supervisor: _____ _____ _____

Name **Signature** **Date**