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| **ABN:** 35145102432Address:18 hunter place, castle hill, NSW 2154 PH:0412641287 E:peter@fieldsglassandglazing.net.au Web: www.fieldsglassandglazing.net.au |
| **SAFE WORK METHOD STATEMENT (SWMS)** |
| **PROJECT DETAILS:** |
| Project: | Area: |
| Job Address: |
| Job Description: |
| **WORK ACTIVITY:**  |  **Arc Welding Operation** |
| **Consult relevant workers during development, approval and communication of this SWMS** | SWMS Approved by: |  Page 1 of 6 |
| Name: (Include names of workers who were consulted in relation to this SWMS) | Signature: | Job Title: | Date: | Name: |
| Signature: |
| Date: |
| Personnel responsible for monitoring and managing activity: | Overall Risk Rating After Controls | **4 A**cute | **3 H**igh |
| **2 M**oderate | **1 L**ow |
| **COMMUNICATE THIS SWMS TO ALL PERSONS INVOLVED IN TASK PRIOR TO WORK COMMENCING*** \_\_\_\_\_\_\_\_\_\_\_\_will conduct regular inspections and observations to ensure SWMS is being complied with.
* Hold Daily Tool Box Talks to identify, control and communicate additional site hazards.
* Cease work immediately if incident or near miss occurs. Amend the SWMS in consultation with relevant persons.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ will approve and communicate amendment to all affected workers before work resumes.
* As required by WHS legislation, make the SWMS available for inspection or review.
* As required by WHS legislation, keep record of SWMS (until job is complete or for 2 years if involved in a notifiable incident).
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|  |  | **Depot: Welding Department** |
| **Critical Steps in this Activity:** | **Potential Hazards:** | **Safety Controls:** |
| Set up work site**MEDIUM** | Manual HandlingFireSlipsTrips FallsOther peopleFumes | Use mechanical aids, get help, use correct lifting techniqueMake sure work area is clean, dry and clear of flammable liquids andmaterialsLocate power leads to prevent damage or injuryClear area of unauthorized personal within 10 mProvide screens to prevent welding flashesLocate welder in unsuitable position as good ventilation is essential |

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| Check welding equipment andpersonal protective equipment**MEDIUM** | Faulty equipmentDirty equipmentLoose connectionsFaulty PPE | Ensure the welding machine is in good condition before useTag defective equipment so it cannot be used before it is repairedCheck leads for damageDO NOT use damaged leads or connectionCheck for defective electrode holders and guns, insulation damage,overheating or suspected defectsClean all contact surfaces and equipmentCheck and tighten all external connections dailyEnsure earth leads are secureClothing and welding gloves need to be dry and gloves free fromholesSafety boots should have rubber soles |
| Clean up and store all leads andequipment**MEDIUM** | Manual handlingDamage to equipment | Use mechanical aids, get help, use correct lifting techniqueStore equipment so that leads and connections are protected fromdamage |

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| **License/Training** | **List Plant-Equipment** |
| *Work Activity Induction* | *Welder* |
| **List: /Personal Protective** | **List Equipment Maintenance****Checks required for this Activity** | **Engineering Certificates Hazardous Substance** |
| *Overalls**Ear Protection**Full face Helmet**Outer clothing should be non-flammable**Insulating Gloves**Safety Boots* | *Electrical Leads**Welding accessories Output lead,**electrode hoder, torches, wire feeders**Power source earth resistance**Power source insulation resistance* | **Type** | **Type** |

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| **Duties & Responsibilities** |
| To ensure the safety of co-workers and general public. To report all incidents and near misses to team leader. Ensure equipment is in safe workingorder. Perform safety checks of equipment |

**Safe Work Method Statement**

The personnel listed below have been made aware or and understand the procedure, hazards and control measures outlined in the

Safe Work Method Statement. They will abide by the control measures outlined within the Save Work Method Statement

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| **Name** | Position | **Signature** |
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Any changes. Additions or deletions made to this Safe Work Method Statement are to be covered with the above personnel and

The Principal Contractor representative at a Toolbox meeting. (Record date and time of Toolbox meeting below)

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**