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| **ABN:** 35145102432 Address: 18 hunter place, castle hill, NSW 2154 PH: 0425215491 E: peter@fieldsglassandglazing.net.au Web: ww.fieldsglassandglazing.net.au | | | | | | | | |
| **SAFE WORK METHOD STATEMENT (SWMS)** | | | | | | | | |
| **PROJECT DETAILS:** | | | | | | | | |
| Project: | | | | Area: | | | | |
| Job Address: | | | | | | | | |
| Job Description: | | | | | | | | |
| **WORK ACTIVITY:** | GLASS DRILL | | | | | | | |
| **Consult relevant workers during development, approval and communication of this SWMS** | | | | | SWMS Approved by: | | Page 1 of 7 | |
| 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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| **IMPORTANT NOTES:** |
| Check local government standards, codes of practice, regulations and legislation for any training requirements before use.  Apprentices and Trainee Personnel are usually permitted to operate certain machinery and equipment provided they are guided and supervised by an experienced and qualified person, while also recording the hours of use in an approved logbook.  WorkCover National Certificates of Competency are nationally recognised and these specific certificates do not have to be changed over to work interstate.    1. Any electrical equipment using water must be powered from a circuit protected by a Residual Current Device (RCD) type of safety switch. |

| **Task Steps** | **Potential Hazards/Risks of Each Step** | **RB** | **Control Measures - Steps To Follow  Safety Checks & PPE** | **RA** | **Responsible Officer** |
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| **NOTE: RB** = Risk Rating **before** controls implemented - **RA** = Risk Rating **after** controls are implemented. | | | | | |
| 1. Pre-use checks | Lack of coolant  Operation of cutting head |  | Make sure the cutter has sufficient supply of water.  Make sure the cutter is proper condition and has no adhesion or chips.  Make sure the chuck is holding the cutter evenly and securely.  Never operate a machine that is not operating correctly or is faulty. |  |  |
| 2. Operation of drill | Lack of coolant  Damage, wear to cutter  Risk of cuts  Risk of flying particles  Flying objects  Over-exertion / strain injury  Falling objects |  | Make sure the water flow is directed to the cutting zone.  Select the proper speed for the size of hole to be drilled.  When drilling, never apply excess pressure. Allow the cutter to cut at its own speed.  Be careful when handling glass sheet with sharp edges.  When handling broken pieces of glass, protect the hands from cuts.  If the glass sheet breaks, it might project sharp shards of glass.  Before turning the drill on, make sure the chuck key is removed from the chuck.  When handling heavy, awkward and large sections on glass, obtain assistance.  When drilling, make sure that glass sheet is supported adequately.  Wearing hand protection is necessary.  Wearing eye protection is necessary.  The chuck key must be kept in its holder.  Wearing foot protection is necessary. |  |  |
| 3. After use | Cleaning of machine |  | Use a brush and make sure the table is cleaned of any waste.  Remove the cutter, and store it safely in a place where it is not likely to be damaged.  Provide a light coat of machine oil regularly on all exposed parts to prevent corrosion. Do not oil excessively as it will attract dust and debris.  Before carrying out any maintenance, make sure the machine is unplugged from the electric supply.  Never use compress air for cleaning.  After applying oil, wipe down the excess. |  |  |

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| PERSONAL PROTECTIVE EQUIPMENT |
| Personal Protective Equipment Requirements |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Foot Protection** | **Hearing Protection** | **Protective Clothing** | **Head Protection** | **Eye Protection** | **Hand Protection** | **Sun Protection** | **Safety Harness** | | C:\Users\Virtual\Desktop\Safety PPE Signs\Boots.png | C:\Users\Virtual\Desktop\Safety PPE Signs\Ear Goggles.png | C:\Users\Virtual\Desktop\Safety PPE Signs\Apron.png | C:\Users\Virtual\Desktop\Safety PPE Signs\Hard Hat.png | C:\Users\Virtual\Desktop\Safety PPE Signs\Eye Goggles.png | C:\Users\Virtual\Desktop\Safety PPE Signs\Gloves.png | C:\Users\Virtual\Desktop\Safety PPE Signs\Sun Protection.png | C:\Users\Virtual\Desktop\Safety PPE Signs\Safety Harness1.jpg |   **PPE Notes:** The above PPE Requirements are the minimum requirements for all personnel involved in this task. Be sure to conduct a Risk Assessment for other factors that may influence the work environment such as Temperatures – Hot/Cold, Working in the Sun, Night Work etc. Be sure that all PPE used is approved by Australian Standards. |
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| References: |  |
| **AS/NZS 4667:2000**  **AS 4024.1**  **AS/NZS 3760** | Quality requirements for cut-to-size and processed glass  Safety of machinery  In service safety inspection and testing of electrical equipment |

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| **SIGN OFF** |
| Workers and relevant Persons Conducting Business or Undertaking (PCBU) were consulted for developing this SWMS. I have read the above SWMS and I understand its contents. I confirm that I have the necessary training and skills, including any relevant certifications to undertake the related tasks contained in this SWMS. I agree to comply with any safety guidelines, requirements and recommendations as set forth by the responsible officer within this SWMS including safety instructions and use of recommended Personal Protective Equipment. |

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| **Name** | **Qualifications** | **Signature** | **Date** | **Time** | **Employer** |
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| **RISK ASSESSMENT** |
| References: Risk Management Code of Practice 2007, AS/NZS 31000 -2009 Risk Management Principles and guidelines |

**Step 1 Determine Likelihood –** What is the possibility that the effect will occur? **Step 2 Determine Consequence –** Expected Consequences

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|  | **Likelihood** | **Definition** |
| **Almost certain** | Expected to happen in most circumstances. | A common and very possible result |
| **Likely** | Will probably occur in most circumstances. | Known to have occurred and has happened before |
| **Possible** | Might occur at some time | Could occur and is likely it has happened before |
| **Unlikely** | Could occur at some time | Not likely to occur |
| **Rare** | May occur only in exceptional circumstances | Very unlikely |

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| **Level of Consequence** | **Examples** |
| **Insignificant/Acceptable** | No consequence – so minor that the consequence is manageable |
| **Minor** | First aid treatment only; manageable and contained. |
| **Moderate** | Medical treatment; manageable with 3rd party assistance. |
| **Major** | Serious injuries; Down time and loss of productivity |
| **Catastrophic** | Death; Very serious consequences |

**Step 3 Determine the risk score Step 4 Record risk score** (**Note** – Risk scores are only estimated and should not be

Solely relied upon)

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|  | **CONSEQUENCE** | | | | |
| **LIKELIHOOD** | **Insignificant** | **Minor** | **Moderate** | **Major** | **Catastrophic** |
| **Almost certai**n | 3 High | 3 High | 4 Acute | 4 Acute | 4 Acute |
| **Likely** | 2 Medium | 3 High | 3 High | 4 Acute | 4 Acute |
| **Possible** | 1 Low | 2 Medium | 3 High | 4 Acute | 4 Acute |
| **Unlikely** | 1 Low | 1 Low | 2 Medium | 3 High | 4 Acute |
| **Rare** | 1 Low | 1 Low | 2 Medium | 3 High | 3 High |

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| **Score** | **Action** |
| **4**  **A: Acute** | URGENT – Act on and lower the risks immediately. Demands immediate attention. |
| **3**  **H: High** | Decisions required urgently by Management. |
| **2**  **M: Moderate** | Follow instructions given by management. |
| **1**  **L: Low** | Manageable. Review regularly, and if any conditions of work change. |

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BlueSafe Australia Pty Ltd supplies a generic template system of word documents that helps the employer to get a head start by providing them with a foundation to build a Work Health & Safety system for their business. BlueSafe Australia Pty Ltd templates are generic in nature and are not designed to be relied solely upon without the customisation of specific tasks.

Acquiring or creating & implementing an WHS System can greatly reduce the risks which are associated with your business, however having a complete WHS System does not 100% insulate a business from accidents or injuries in a workplace, and it does not guarantee that a Compensation Claim won’t be filed, however it significantly reduces the probability or likelihood by creating, adjusting and refining your systems as much as possible and ensuring that staff follow them.

The documents provided by BlueSafe Australia Pty Ltd are designed to help the employers’ awareness to safety in the workplace, and helping them with the first step to meeting their legislative obligations as an employer. Not only this, but it also creates an awareness for the employee in helping them be aware of their legislative obligations in the workplace, by taking responsibility for their actions, be ‘Safety Minded’ and helping the employer to create and maintain a safe workplace which also significantly reduces the possibilities and risks of an injury while at work.

The obligation rests with the employer to ensure that all systems in the workplace are applicable, practical and safe for their employees while ate work.

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