# Working at heights safe work method statement (SWMS) template

The purpose of a work method statement is to:

* outline a safe method of work for a specific task;
* provide an induction document that workers must read and understand before starting a task;
* meet the legal requirements of hazard identification and control;
* program work, materials, time, staff, and to anticipate possible problems; and
* make sure a task is performed to a minimum safety standard.

**Use this SWMS to develop and document work procedures for tasks with a fall risk ≥ two metres.**

## Steps for completing the SWMS template:

Modify the template to suit your needs e.g. add or delete rows as required.

1. Describe the activity (task description). Complete the person responsible, date, location, equipment and personal protective equipment (PPE) fields. Summarise the key risks for the task in the key risks (summary) field and list any specific requirements in the planning notes section.
2. In the ‘procedure’ column, list each part of the work task according to how they will be carried out. Remember to include preparation and clean-up.
3. In the ‘what are the hazards or risks you have identified?’ column, list the hazards and risks for each work task. You may like to consider the following questions:
   1. *What is the distance of a potential fall?*
   2. *What could happen if a fall occurred?*
   3. *Where will the activity take place?*
   4. *How likely is it that a fall could occur?*
   5. *What is the severity of a possible injury?*
   6. *What equipment will be used?*
   7. *What is the duration of the activity?*
   8. *What is the expertise of those involved?*
   9. *What task is to be done at height?*
4. In the ‘how will hazards or risks be controlled?’ select the hazard or risk then work through control levels 1-5, starting at level 1. Identify a control measure (and how it is to be used) that is as close to Level 1 as reasonably practicable. If a lower order control measure is used (e.g. level 5 - ladder), the reasons why it is not reasonably practicable to apply levels 1-4 are to be documented. Whatever control is used, it must safeguard people from the risks associated with falls from a height. State what must be done (e.g. a pre-start checklist must be completed) and what must not be done (e.g. do not exceed the load capacity of the unit).

**Level 1: eliminate** – eliminating the need to work at height is the most effective way of protecting workers from the risk of falls. Carry out any work that involves the risk of a fall on the ground. If you can’t work on the ground, then carry out the work on a solid construction e.g. a solid platform with a safe means of entry and exit, even gradient and guard railing.

**Level 2:** use a **passive fall prevention device** (e.g. edge protection which prevents falls, temporary work platform, scissor lift).

**Level 3:** c*ontractor only in schools*. Use a **work positioning system** (e.g. that limits movement and therefore minimises access to areas where a fall can occur).

**Level 4:** c*ontractor only in schools*. Use a **fall arrest system** (e.g. a harness, which does not eliminate a fall, it only prevents the person falling to the ground).

**Level 5:** If no other level is reasonably practicable, then use a ladder or implement administrative controls.

1. In the ‘who is responsible for implementing and monitoring these controls?’ column, name the person responsible for implementing each control measure before work commences.
2. Having identified the equipment being used and the falling hazards, and how you will control them, assess the residual level of risk. To do this, consider what is the likelihood of a fall occurring and what would be the consequence if it did occur now that controls have been implemented.

The following factors will influence the likelihood and/or the consequence of a falling incident, and will therefore impact on the risk level:

* the distance of a potential fall
* the nature of the surface or objects at the end of the fall
* the design and layout of elevated work areas
* the suitability and condition of heights access equipment, including where and how it is being used
* clear vision of the work area
* weather conditions
* the suitability of footwear and clothing for the conditions
* the adequacy of current knowledge and training to perform the task safely (for example, young, new or inexperienced workers may be unfamiliar with a task)
* the adequacy of procedures for all potential emergency situations.

The matrix and definitions below can help quantify the level of risk and assign the risk level.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DoE RISK MANAGEMENT MATRIX | | | | | |
| Likelihood | Consequence | | | | |
| Insignificant | Minor | Moderate | Major | Critical |
| Almost Certain | Medium | Medium | High | Extreme | Extreme |
| Likely |  | Medium | High | High | Extreme |
| Possible |  | Medium | High | High | High |
| Unlikely |  |  | Medium | Medium | High |
| Rare |  |  |  |  | Medium |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Consequence | Description of Consequence |  | Likelihood | Description of Likelihood |
| 1. Insignificant | No treatment required |  | 1. Rare | Will only occur in exceptional circumstances |
| 2. Minor | Minor injury requiring First Aid treatment (e.g. minor cuts, bruises, bumps) |  | 2. Unlikely | Not likely to occur within the foreseeable future, or within the project lifecycle |
| 3. Moderate | Injury requiring medical treatment or lost time |  | 3. Possible | May occur within the foreseeable future, or within the project lifecycle |
| 4. Major | Serious injury (injuries) requiring specialist medical treatment or hospitalisation |  | 4. Likely | Likely to occur within the foreseeable future, or within the project lifecycle |
| 5. Critical | Loss of life, permanent disability or multiple serious injuries |  | 5. Almost   Certain | Almost certain to occur within the foreseeable future or within the project lifecycle |

1. The approver (i.e. the principal/manager/delegated person of the workplace) must ensure that specific safe work procedures are documented and implemented before the proposed work commences. No activity may start unless all identified controls have been implemented. Work must stop immediately if the SWMS is not being followed.

## Notes:

* A record of the controls (e.g. this safe work procedure) is to be kept until work is complete or for two years if a notifiable incident occurs in relation to the work (R303).
* Brief each team member on this SWMS before you begin work (this includes line managers and co-workers).
* The identified control measures must be implemented prior to work commencing.
* Check the safety measures are adequate before starting
* The SWMS must be followed. Ensure each person knows that work is to stop immediately if the SWMS is not being followed.
* Observe the work underway. If controls are not adequate, stop the work, review the SWMS, adjust as required and re-brief the team before recommencing work.

## Working at heights safe work method statement (SWMS) template

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Task description:** *write the task or job you are doing* | | | | | | |
| **Person responsible** for ensuring compliance with this SWMS: *write the name of the person responsible for making sure the steps of the SWMS are followed here.* | | **Equipment required:** *list the equipment and materials you need to complete the task e.g. scaffold, power tools, spill kit.*  **PPE required:** *list the personal protective equipment workers need to use and wear here e.g. safety glasses, gloves, hard hats, enclosed, non-slip shoes.* | | | | |
| **Location of task:** *put the name of the work area here* | | | | **Date completed:** | | |
| **Key risks (summary):** *summarise the key risks for the task here.* | | **Planning notes:** *list any specific requirements such as mandatory controls, licencing, training requirements, competencies, compliance, and maintenance.* | | | | |
| 1. **Procedure** | 1. **What are the hazards or risks you have identified?** | 1. **How will the hazards and risks be controlled?** | | 1. **Who is responsible for implementing and monitoring these controls?** | | 1. **What is the residual risk level?** |
| *Write out the task* | *Include all possible hazards such as:* | *List all safety controls that must be implemented to complete each of the* | | *Identify the person responsible* | | *Use the DoE* |
| *step by step. Use* | * *fall from height/distance of fall* | *steps safely e.g.* | | *by name for each procedural* | | *risk matrix to* |
| *action words since* | * *falling objects* | * *barricades or warning signs* | | *step* | | *determine the* |
| *you will be ‘doing’* | * *manual handling injury-type/severity* | * *PPE* | |  | | *remaining level* |
| *each step. e.g.* | * *electrical hazards* | * *specific duties or responsibilities* | |  | | *of risk after the* |
| * *assemble scaffold* | * *chemical hazards* | * *storage of materials and equipment* | |  | | *controls listed* |
| * *complete checklist* | * *plant or machinery hazards* | * *public safety provisions* | |  | | *in column 4* |
| * *secure guardrail* | * *site specific hazards* | * *safety data sheets* | |  | | *have been* |
|  | * *level of training* | * *housekeeping, maintenance, pre start inspection* | |  | | *implemented* |
| Prepared by: *name the person(s) who wrote this SWMS* | | Review date: | Designation: | Signature: | | |
| **This SWMS has been developed in consultation and has been read, understood and signed by all workers undertaking the tasks described:** | | | | | | |
| **Print names** | | **Signatures** | | | **Date** | |
|  | |  | | |  | |
| 1. **Approved by:** *person in charge of workplace* | | **Signature:** | **Position:** *e.g. Principal, business services manager* | | **Date:** | |

**Resources:** List additional requirements to complete the job e.g.

* Instruction manuals
* Pre-start checklists

**References:** List any references used e.g.

* Legislation, codes of practice, Australian standards
* Licensing requirements, Compliance certificates, etc.

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| 1. **Task Description:** | | | | | | | | | |
| **Person responsible** for ensuring compliance with this SWMS: | | | **Equipment required:**  **PPE Required:** | | | | | | |
| **Location of task:** | | | | | | **Date completed:** | | | |
| **Key risks (summary):** | | | **Planning notes:** | | | | | | |
| 1. **Procedure** | | 1. **What are the hazards or risks you have identified?** | 1. **How will the hazards and risks be controlled?** | | | 1. **Who is responsible for implementing and monitoring these controls?** | | | 1. **What is the residual risk level?** |
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| **Prepared by:** | | | **Review date:** | | **Designation:** | **Signature:** | | | |
| **This SWMS has been developed in consultation and has been read, understood and signed by all workers undertaking the tasks described:** | | | | | | | | | |
| **Print names** | | | **Signatures** | | | **Date** | | | |
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| 1. **Approved by:** | | | **Signature:** | | **Position:** | | | **Date:** | |