

**SITE SPECIFIC - SAFE WORK METHOD STATEMENT**

**Notes:**

- Work must be performed in accordance with this SWMS.
- This SWMS must be kept and be available for inspection until the high risk construction work to which this SWMS relates is completed.
- If the SWMS is revised, all versions should be kept.
- If a notifiable incident occurs in relation to the high risk construction work in this SWMS, the SWMS must be kept for at least 2 years from the date of the notifiable incident.

<b>Work Activity: (Job Description)</b>	<b>Cutquik High-Speed Cutting Tools (Demolition Saw)</b>		<b>Workplace location:</b>	
<b>High Risk Work:</b> <i>Indicate if any of the HIGH risk activities are performed by workers</i>	<input type="checkbox"/> is carried out in or near a shaft or trench with an excavated depth greater than 1.5 metres, or tunnel	<input type="checkbox"/> work carried out in or near water or other liquid that involves a risk of drowning	<input type="checkbox"/> Work involving structural alterations or repairs that require temporary support to prevent collapse	
	<input type="checkbox"/> Risk of a person falling more than 2 metres (note: in some jurisdictions this is 3 metres.)	<input type="checkbox"/> work carried out in or near a confined space	<input type="checkbox"/> work carried out on or near pressurised gas distribution mains or piping	
	<input type="checkbox"/> work carried out on or near energised electrical installations or services	<input type="checkbox"/> Involves, or is likely to involve, the disturbance of asbestos	<input type="checkbox"/> work carried out on or near chemical, fuel or refrigerant lines	
	<input type="checkbox"/> Work in an area with movement of powered mobile plant		<input type="checkbox"/> work carried out in an area that may have a contaminated or flammable atmosphere	
	<input type="checkbox"/> Work on, in or adjacent to a road, or other traffic corridor in use by traffic other than pedestrians	<input type="checkbox"/> Work involving demolition of an element of a structure that is load-bearing or otherwise related to the physical integrity of the structure	<input type="checkbox"/> work is carried out on a telecommunication tower	
<b>Person responsible for ensuring compliance with Site Specific SWMS:</b>		<b>Supervisor:</b>	<b>Date completed:</b>	
<b>What measures are in place to ensure compliance with the SWMS?</b>		<b>Compliance with SWMS:</b> Site Inspections by Supervisor.		
<b>Authorised by:</b>	<b>Name and signature:</b>		<b>Date:</b>	

**Note: The following Permits (P20.F03) must be completed in conjunction with this SWMS document (if applicable):**

<input type="checkbox"/> Excavation & Trenches Permit	<input type="checkbox"/> Working at Heights Permit
<input type="checkbox"/> Working Near Overhead Powerlines Permit	<input type="checkbox"/> Hot Works Permit
<input type="checkbox"/> Roadworks Permit	<input type="checkbox"/> Work in or near water or other liquid Permit
<input type="checkbox"/> Plant Permit	

**\*SWMS are to be reviewed as per the Document Control Procedure or when there has been a change to the Task / Process or Legislation**

What are the tasks involved?	What are the hazards and risks?	What are the control measures?
<b>List the work tasks in logical order.</b>	<b>Identify the hazards and risks that may cause harm to workers or the public.</b>	<b>Describe what will be done to control the risk. What will you do to make the activity as safe as possible ?</b>
<b>Step 1. Planning</b>	Multiple Hazards: Injury to staff or members of public	Trained and Competent Workers assigned to this task.
	Underground Services: <ul style="list-style-type: none"> <li>- Electrocutation.</li> <li>- Gas – Fire / Explosion</li> <li>- Communication Network</li> </ul> Injury, Serious Injury, Service Network interruption	<b>Before You Dig</b> supplied & available. 'Potholing' completed to locate services. Accredited Service Locator has completed marking service locations.
<b>Step 2. Site Set Up</b>	Multiple Hazards: <ul style="list-style-type: none"> <li>- Traffic</li> <li>- Controlled Space Considerations</li> </ul> Injury, Crush Injury, Serious, Injury, Fatality	Assess site for hazards specific to site. Complete Site-Specific Risk Assessment. Complete Site Specific SWMS. <b>P20.F03 High Risk Work Permit Book</b> completed for task – <i>Roadworks / Traffic</i> if required. All SCC workers and Subcontractors signed on and inducted to site. Complete Pre-Start Tool-Box Talk
	Controlled / Confined Space Considerations: <ul style="list-style-type: none"> <li>- Asphyxiation</li> </ul> Fatality	Assess if Concrete Chainsaw use will cause a change to ventilation / atmosphere conditions for workers. Assess for use near pits, trenches, open excavations. Ensure operation is in well-ventilated area and not impacting other work areas. Assess site works using attached <b>Confined and Controlled Spaces Classifications Checklist</b> .
<b>Step 3. Cutquik Operation</b>	Faulty High Risk Plant item: <ul style="list-style-type: none"> <li>- Fuel Fumes.</li> <li>- Fire / Explosion.</li> <li>- Cuts / Lacerations</li> <li>- Eye damage.</li> <li>- Dust Inhalation.</li> </ul> Injury, Serious Injury, Respiratory Disease, Fatality	High Risk Plant item: <ul style="list-style-type: none"> <li>- Where possible operate saw mounted in manufacturers trolley / cart.</li> <li>- Check ignition sources when re-fuelling.</li> <li>- Re-fuelling done in a well ventilated area.</li> </ul> <a href="#">Reference: SWI255 Cutquik Saw</a>
<b>Step 4. Post Operational Check</b>	Faulty Equipment: Injury, Serious Injury, Fatality	At completion of works: <ul style="list-style-type: none"> <li>- Run saw with water to flush out debris from the cutting disc.</li> <li>- Store the equipment correctly</li> <li>- Report any faults and Tag Out if required.</li> </ul> <a href="#">Reference: SWI91 Tag Out</a>

**Checklist for CONFINED and CONTROLLED SPACES**

'Space' Classification	NSW WHS Regulation 2011 – Confined Space Definition (A to F)						
	A	B	C	D	E	F	
	Is the space enclosed or partially enclosed space?	Is the space <b>not</b> designed or intended primarily to be occupied by a person?	Is the space designed or intended to be at normal atmospheric pressure while any person is in the space?	Has the space got harmful airborne or flammable contaminants?	Is the atmosphere within the space at an unsafe oxygen level?	Is there a risk of engulfment?	
Confined Space	✓	✓	✓	✓	✗	✗	Yes – a Confined Space
	<b>Note:</b> One or more 'Ticks' in either boxes D, E, F of the above shown example - the space is classified as a ' <b>Confined Space</b> '.						
Controlled Space	✓	✓	✓	✗	✗	✗	Yes – a Controlled Space
	<b>Note:</b> If <b>ALL</b> the boxes in D, E, F have a 'Cross' (✗) in them as in the above shown example – the space is classified as a ' <b>Controlled Space</b> '. <b>NB.</b> If the atmosphere in the 'Space' changes due to task related or introduced hazards, and one or more of boxes D, E, F in the above example is now 'ticked', the space is now classified as a 'Confined Space'.						

