

# SWMS COVER SHEET

## JOB SAFETY ANALYSIS (JSA)

Step 1 – State the job details	Job Description:						
	Site Address:			Date:			
	Principle Contractor / Client Name:			Supervisor Name:			
Step 2 – Determine emergency plan	Evacuation Alarm Signal:				Security (Lock down) Signal:	n/a <input type="checkbox"/>	
	Emergency Directions:						
	First Aid Kit Location:	Safety Document Location:					
	Additional Rescue Plans: (Attach details)	Confined Space <input type="checkbox"/>	Roof space/ sub floor <input type="checkbox"/>	Working at Heights / EWP <input type="checkbox"/>	Low Voltage Rescue <input type="checkbox"/>	Pole Top Rescue <input type="checkbox"/>	
Step 3 – Identify site specific Hazards	High Risk Hazards (SWMS must be used if high risk hazards are identified):	Work on or near energised electrical installations or services	<input type="checkbox"/>	Risk of falls from greater than 2 metres	<input type="checkbox"/>	Likely to involve disturbing asbestos	<input type="checkbox"/>
		Work on a telecommunications tower	<input type="checkbox"/>	Work on or near chemical, fuel, or refrigerant lines	<input type="checkbox"/>	Work in confined spaces	<input type="checkbox"/>
		Work in or near shaft or trench with an excavated depth greater than 1.5m or in a tunnel	<input type="checkbox"/>	Likely to involve disturbing silica	<input type="checkbox"/>	Work in or near water with a risk of drowning	<input type="checkbox"/>
	Inspect job for each of the following hazards: (List identified hazards not covered by SWMS in Step 5)	Manual Handling (lifting, awkward positions)	<input type="checkbox"/>	Gravity (slips, trips, and falls and falling objects)	<input type="checkbox"/>	Mechanical (struck by plant, moving parts)	<input type="checkbox"/>
		Electrical (exposed, live conductors)	<input type="checkbox"/>	Chemical (inhaling, swallowing, touching acids)	<input type="checkbox"/>	Pressure (contact with pressurised fluid/ gas)	<input type="checkbox"/>
	Psychosocial Hazards:	<p><b>Job Demand:</b> is about the type of work you must do and how much of it there is. It includes physical work, mental and emotional strain.</p> <p>poor 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> optimal</p>	<p><b>Job Control:</b> means that a worker can decide how and when to do their job. They have control over certain parts of the work.</p> <p>poor 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> optimal</p>	<p><b>Role Clarity:</b> means you understand your job and what is expected of you. You know the scope of the job, what goals you are working towards.</p> <p>poor 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> optimal</p>			

# SWMS COVER SHEET

## Step 4 – Confirm that the following SWMS apply to the work

		High Risk Construction Work (HRCW) SWMS							
		<b>Primary SWMS</b>	Electrical SWMS	<input type="checkbox"/>	Working at Heights SWMS	<input type="checkbox"/>	Asbestos SWMS	<input type="checkbox"/>	Overhead Powerlines SWMS
Mobile Plant SWMS	<input type="checkbox"/>		Silica SWMS	<input type="checkbox"/>	Refrigerants SWMS	<input type="checkbox"/>	Confined Spaces SWMS	<input type="checkbox"/>	
Excavations SWMS	<input checked="" type="checkbox"/>		Traffic SWMS	<input type="checkbox"/>	Extreme Temperature SWMS	<input type="checkbox"/>	Flammable Atmosphere SWMS	<input type="checkbox"/>	
High Pressure Gas Lines SWMS	<input type="checkbox"/>		Working Near Water SWMS	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
		General Trade SWMS							
		<b>Supplementary SWMS</b>	General Trade Works SWMS	<input type="checkbox"/>	Ladders SWMS	<input type="checkbox"/>	Scaffolding & Temporary Edge Protection SWMS	<input type="checkbox"/>	Elevated Work Platforms (EWP) SWMS
Restraint and Fall Arrest Equipment SWMS	<input type="checkbox"/>		Restricted Spaces SWMS (Roof spaces and subfloors)	<input type="checkbox"/>	Hot Works SWMS	<input type="checkbox"/>	Directional Drilling SWMS	<input type="checkbox"/>	
Concrete Core Drilling SWMS	<input type="checkbox"/>		Warehousing / Workshop SWMS	<input type="checkbox"/>	Lead SWMS	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
			Electrical SWMS						
			Electrical Isolation SWMS	<input type="checkbox"/>	Electrical Testing SWMS	<input type="checkbox"/>	Verification SWMS	<input type="checkbox"/>	Cable Installation SWMS
Solar Installation SWMS	<input type="checkbox"/>		Batteries SWMS	<input type="checkbox"/>	Radio Frequency (RF Hazard) SWMS	<input type="checkbox"/>	Test and Tagging SWMS	<input type="checkbox"/>	
Thermography SWMS	<input type="checkbox"/>		Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
		Air Conditioning & Refrigeration SWMS							
			Installation of Split System Air Conditioners SWMS	<input type="checkbox"/>	Installation of Ducted Air Conditioners SWMS	<input type="checkbox"/>	Installation of Refrigeration Equipment SWMS	<input type="checkbox"/>	Maintenance of Air Conditioning SWMS

# SWMS COVER SHEET

## Step 5 – State the site-specific controls (not covered by the SWMS)

List the controls mechanisms that will be put in place for the hazards in step 3 that are not already controlled by the SWMS or SWP:  
 Note: Any residual risk that is Medium or above requires a supervisor or a manager to sign off.

Tick the box that best describes the new level of risk that personnel may be exposed to after controls are in place:

Hazard

Control Mechanism

Low

Med

High

## Step 6 – Determine what plant, equipment and PPE is likely to be used

List plant or equipment and tick if maintained and daily check completed

Select the PPE likely to be used

Respiratory Protective Device	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	Barricading and Signage	<input type="checkbox"/>
Harness / Lifeline	<input type="checkbox"/>	Safety Helmet	<input type="checkbox"/>	Lock Out Tag Out Kit	<input type="checkbox"/>
Eye Protection	<input type="checkbox"/>	Communications Equipment	<input type="checkbox"/>	Out of service tags	<input type="checkbox"/>
Hand Protection	<input type="checkbox"/>	Torch/Lighting	<input type="checkbox"/>	Arc Rated Switching Suit	<input type="checkbox"/>
Safety Boots / Gum Boots	<input type="checkbox"/>	Fire Fighting Equipment	<input type="checkbox"/>	Arc Rated Clothing	<input type="checkbox"/>
Overalls / Disposable Overalls	<input type="checkbox"/>	Mechanical Ventilation Device	<input type="checkbox"/>	LV Rescue Kit	<input type="checkbox"/>

# SWMS COVER SHEET

## Step 7– Toolbox this document with all workers at the site immediately prior to work

I have read and understood the Job Safety Analysis (JSA), Safe Work Method Statements (SWMS) and agree to perform the work according to the requirements and associated policies, MSDS, Procedures, SWP, Australian Standards and legislative requirements.

Document Reference Number:

Document Name:

NECA Version:

Page Number:

JSA / SWMS Cover Sheet

8

Page 4 of 4

