

Safe Work Method Statement – NT Airports

Task Description: _____ Location: Alice Springs Darwin Tennant Creek

Work Area: _____ Company Name: _____ Scheduled Task
 Special Task

Permits Required:	Hazardous Tasks	Current Applicable Procedures &/or Drawings:
<input type="checkbox"/> Hot Work	<input type="checkbox"/> Asbestos Removal	
<input type="checkbox"/> HV Electrical	<input type="checkbox"/> Working In Isolation/Alone	
<input type="checkbox"/> LV Electrical	<input type="checkbox"/> Public Exposure to Work Area	
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Dust or Fumes	
<input type="checkbox"/> Working at Heights	<input type="checkbox"/> Lifting or Hoisting	
<input type="checkbox"/> Fire Protection Equipment (Electrical)	<input type="checkbox"/> Other	
<input type="checkbox"/> Fire Protection Equipment (Water)		
<input type="checkbox"/> Other		

SWMS Developed By:					
Name:	Role:	Date:	Name:	Role:	Date:

Task Breakdown & Analysis					
Job Step	Identified Hazards	Existing Controls	Initial Risk Score	Hazard Reduction Controls	Residual Risk Score
1.					
2.					
3.					



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Task Breakdown & Analysis					
Job Step	Identified Hazards	Existing Controls	Initial Risk Score	Hazard Reduction Controls	Residual Risk Score
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

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Contractor Personnel Signing onto the SWMS: (Note: All staff working on the job must sign onto the SWMS prior to the commencement of works)				SWMS Approval	
Name: _____ Sign: _____	Date: _____	Name: _____ Sign: _____	Date: _____	Name: _____ Sign: _____	Date: _____
Name: _____ Sign: _____	Date: _____	Name: _____ Sign: _____	Date: _____	Name: _____ Sign: _____	Date: _____
Name: _____ Sign: _____	Date: _____	Name: _____ Sign: _____	Date: _____	Name: _____ Sign: _____	Date: _____
				Operations Director: <i>approval is required when consequence rating is Extreme. A formal risk assessment is required before this task can proceed.</i>	
Name: _____ Sign: _____	Date: _____	Name: _____ Sign: _____	Date: _____	Name: _____ Sign: _____	Date: _____
Variations or Amendments to Proposed Work Method or Process (Note: if insufficient space use separate sheet)					
<i>The SWMS may require variation in response to new hazards, additional control measures or variations to the nature of the job.</i>					
<ul style="list-style-type: none"> • <i>All personnel signed on to the SWMS must be made aware of variations.</i> • <i>Significant variations should be initialled and approved by the Contractor Site & NTAPL Works Supervisor (e.g. increase in consequence severity, unplanned use of equipment such as a crane etc).</i> 					
1.					
2.					
3.					
4.					
Works are approved to be conducted in accordance with the conditions detailed in this document		NTAPL Supervisor	Name: _____	Sign: _____	Date: _____

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SWMS Close Out and Review (To be completed by NTAPL Works Supervisor)

Was the SWMS adequate for the job?	Yes / No	If NO , please comment and provide recommendations for improvement:

Is a SOP required to be developed or amended as a result of this SWMS?	Yes / No	Give details of SOP's required:

Any actions required for follow up from this task?	Yes / No	If YES , please comment:

Contractor Supervisor/NTAPL Works Supervisor/Manager's Comments:

Close Out by NTAPL Work Supervisor

Name:	Date:
Sign:	

Table 1: Controls

Level	Description of Effectiveness & Adequacy of existing controls
No Controls	There are no existing treatments for the risk at this workplace
Limited	There are existing treatments, but they cover few casual factors and are very limited in effect
Partially Effective	There are existing treatments, and they cover most casual factors, but they are very limited in effect
Effective	There are existing treatments, and they cover all/most casual factors, and are very effective. Adequate, meet regulatory requirements.
Very Effective	"Best Practice"

Table 2: Likelihood

Descriptor	Description	Indicative Frequency
Almost certain	The event will occur on an annual basis	Once a year or more frequently
Likely	The event has occurred several times or more in your career	Once every three years
Possible	The event might occur once in your career	Once every ten years
Unlikely	The event does occur somewhere from time to time	Once every thirty years
Rare	Heard of something like the occurring elsewhere	Once every 100 years

Table 3: Risk Matrix

Consequence Likelihood	Negligible (1.0)	Minor (2.5)	Moderate (5.0)	Major (7.5)	Severe (10.0)
Almost Certain (10.0)	Medium (10.0)	High (25.0)	Extreme (50.0)	Extreme (75.0)	Extreme (100)
Likely (7.5)	Low (7.5)	Medium (18.75)	High (37.5)	Extreme (56.25)	Extreme (75.0)
Possible (5.0)	Low (5.0)	Medium (12.5)	High (25.0)	High (35.5)	Extreme (50.0)
Unlikely (2.5)	Low (2.5)	Low (6.25)	Medium (12.5)	Medium (18.75)	High (25.0)
Rare (1.0)	Low (1.0)	Low (2.5)	Low (5.0)	Low (7.5)	Medium (10.0)

Table 4: Level of Risk

Risk Level	Score Range	Management Method
Low	0 – 7.5	Managed by routine procedures
Medium	7.6 – 18.75	Management responsibility must be specified
High	18.76 – 37.5	Senior management attention required (Nominated risk owner)
Extreme	> 37.5	Immediate action required by either treatment or avoidance of risk. CEO and Chairman of the Board advised)