## SAFE WORK METHOD STATEMENT FOR BUILDING AND TESTING SWITCHBOARDS

SAFE WORK METHOD STATEMENT INCORPORATES RISK ASSESSMENT

| Client/Principal Contractor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Insert client and/or PC name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Project Address:                                          | Insert the project's address                  |  |  |  |  |  |  |
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| Company Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Insert your company address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Phone Number:                                             | Insert your business imber                    |  |  |  |  |  |  |
| SWMS Prepared By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Insert person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | In Consultation With:                                     | Refer to C Juon and Sign-Off Record           |  |  |  |  |  |  |
| SWMS Approved By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Insert person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Distribution To:                                          | persons i the work scope                      |  |  |  |  |  |  |
| SWMS Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Insert date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Review De'                                                | 12 montied                                    |  |  |  |  |  |  |
| Person(s) responsible for implementing,<br>monitoring and compliance to the SWMS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Insert person(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | on Perse                                                  | lron(s) pt cs nber                            |  |  |  |  |  |  |
| Work Scope Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Building switchboards a ing a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ine                                                       | A CCESS                                       |  |  |  |  |  |  |
| List the qualifications and training<br>requirements for this activity:<br>Details of in ections and nontenance<br>checks requed for this active:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Insert person(s)<br>Building switchboards a ing a<br>Instructio safe v<br>Crictrica mana v to<br>perso mi rair ma<br>the elections of Jun on<br>Pre-s n: ctions of Jun on<br>Pre-s n: ctions of Jun and<br>a Control of<br>Control of Jun and Safety Act and<br>v to Manage Work Health and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | st en.<br>Il electricoli<br>d comp<br>GETF<br>AND<br>GETF | equipment they intend on using and/or         |  |  |  |  |  |  |
| Are there are additional test that may affer the set of | current of the second of the s | ditional safe work proced the workplace.                  | dures, plans, rules and instructions given by |  |  |  |  |  |  |
| Legislative Refe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <ul> <li>Contract and Safety Act and Work Health and Safety Regulations</li> <li>For Manage Work Health and Safety Risks Code of Practice</li> <li>Electrical Safety Act and Electrical Safety Regulations</li> <li>Electrical Safety Code of Practice - Managing Electrical Risks in the Workplace</li> <li>Electrical Safety Code of Practice – Works</li> <li>Australian Standard 3000 - Electrical Installations</li> <li>Australian Standard 3012 - Electrical Installations – Construction and Demolition Sites</li> <li>Australian Standard 3017 - Electrical installations – Verification Guidelines</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |                                               |  |  |  |  |  |  |

## Insert your company logo or company name here

|    | JOB STEP                  | POTENTIAL HAZARDS<br>Identify the hazards<br>relating to health and<br>safety with each step                            | <b>RISKS</b><br>Identify the risks to<br>health and safety<br>related to each step                                                                                                              | LIKELIHOOD | CONSEQUENCE | INITIAL RISK<br>SCORE | CONTROL MEASURES, CHECKS AND<br>MONITORING<br>Decide on what actions are necessary to<br>eliminate, or minimise risk to a reasonably practical<br>level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ONSEQUENCE | REVISED RISK<br>SCORE | PERSON(S)<br>RESPONSIBLE         |
|----|---------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|----------------------------------|
| 1. | Planning and preparation. | <ul> <li>Uncoordinated<br/>work plan.</li> <li>Unprepared<br/>personnel.</li> <li>Unprualified<br/>personel.</li> </ul> | <ul> <li>Risk of not<br/>understanding<br/>procedures.</li> <li>Suitable<br/>equipment not<br/>available.</li> <li>Rist aving<br/>pared a<br/>naualified</li> <li>Unaerto ne<br/>t '</li> </ul> | P          | 2           | M                     | <ul> <li>Ensure that consultation with the Principal Contractor, Client, Electric Service Authority has been indertake to identify all risks hazard, associated to the risks hazard, associated to the arrive of the new of the arrive of the ar</li></ul> | 2          | 2<br>Low              | Manager<br>Supervisor<br>Workers |
| 2. | Delivery of<br>equipment. | naffic.                                                                                                                 | <ul><li>Personal injury.</li><li>Impact injury or damage.</li></ul>                                                                                                                             | 3          | 4           | 12<br>High            | <ul> <li>Ensure access to the delivery vehicle is clear.</li> <li>If required, signs and barricades must be positioned in such a manner to give early warning to persons not involved in the task.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4          | 4<br>Low              | Supervisor<br>Workers            |