












Safe Work Plan

		Project:	15 Rushworth st WATSONIA			
Scope:	Replace cracked tiles	SWP No.:				
Date Created:	29/4/25	Revision Number:	1		29/4/25	

Workers Involved in Developing this Lifting Plan

Print Name:	Signature:	Print Name:	Signature:
Jake Hall	JH		
Mahmood Bakhtyari	MB		

Hazard Identification:	Using power tools	Sharp edges on tiles	Using glues and grouts								
Health & Safety Related Training (If Required):											
Emergency Response: (Contracts; Phone Numbers, Etc)	Jake Hall 0430502116										
Project Site Contacts:	Jake Hall	Review Date:	29/4/25								
Hot Work Permit <input type="checkbox"/> Yes	Confined Space Permit <input type="checkbox"/> Yes		Scissor Lift / Boom Lift - Yes			Other Permit <input type="checkbox"/> Yes					
Applicable Permit(s):											
PPE Required:	 x	 <input type="checkbox"/>	 x	 x	 x	 <input type="checkbox"/>	 x		 <input type="checkbox"/>	 <input type="checkbox"/>	 x

Safe Work Method Statement

Step 1

Consequences

5 – Severe	Potential to be fatal. Permanent disability. Destruction of property or plant.
4 – Major	Serious injury. Long term disability. Major damage to plant, property or environment.
3 – Moderate	Potential for injury resulting in medical attention. Damage to plant, property or environment.
2 – Minor	Injury requiring First Aid treatment and / or short term discomfort.
1 – Negligible	Cause a near miss, needs to be reported

Step 2

Potential (Likelihood)

A – Almost Certain	This event is expected to occur in most circumstances
B – Likely	The event will probably occur in most circumstances
C – Possible	The event might occur at some time
D – Unlikely	The event could occur at some time
E - Rare	The event may occur only in exceptional circumstances

Step 3

Matrix	Consequences				
Potential	1 – Negligible	2 – Minor	3 – Moderate	4 – Major	5 – Severe
A – Almost Certain	M (9)	S (15)	S (19)	H (24)	H (25)
B – Likely	L (7)	M (11)	S (18)	S (21)	H (23)
C – Possible	L (5)	L (6)	M (13)	S (17)	H (22)
D – Unlikely	L (3)	L (4)	M (10)	M (14)	S (20)
E - Rare	VL (1)	L (2)	M (8)	M (12)	S (16)

Legend

Risk Rating

High	Activity to be re-planned and/or re-designed. If this is not possible, an independent Hazard Assessment of the activity is to be completed by the Project Manager prior to completing the SWMS
Significant	Activity Must be reviewed by Senior Site Management Representative and have identified risk controls built into the SWMS and work procedure
Medium	Site Supervisor must review method of task.
Low	Some action may be required, Supervisor to determine and monitor
Very Low	Minimal risk, monitor where work changes

Safe Work Method Statement

Job Step	Potential Hazard	Risk Rating	Control	Person Responsible for Controls
assess site and check equipment/ safety ppe as per manufac. specs	site conditions	L	Use appropriate equipment suitable for site/job	A. Mahmood
Grinding away grout and pulling up tiles	Using power tools and sharp tile objects	M	Check power tools in safe working condition. Wear gloves	A. Mahmood
Installing new tile and grout	Dealing with cement based products.	L	Wear mask and gloves	A. Mahmood

<p>Have you considered the site specific hazards? e.g.</p> <ul style="list-style-type: none"> - Layout of the work area - Obstacles (buildings, workers,equipment) - Changes to site conditions - Other contractors' work in progress <p>Have you considered work area conditions? Eg.</p> <ul style="list-style-type: none"> - wind - rain - heat - cold etc 	<p>IN PREPARING A SAFE WORK PLAN YOU MUST:</p> <ol style="list-style-type: none"> 1. Consider any site specific potential hazards and include any identified risks in Safe Work Plan (SWP) 2. Assess the risk 3. Insert controls using the hierarchy of controls for the hazards identified i.e. Elimination, Substitution (materials, equipment, and chemicals), Isolation, Engineering (guarding), Administration (training) or PPE 4. Review the residual risk to ensure controls are adequate to safely perform the work 5 Ensure that all workers involved in the job task have read, understood and signed off on the SWP 8. Ensure that work is carried out in a safe manner in accordance with the SWP
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Safe Work Plan			
WORKERS INVOLVED IN JOB TASK			
We, the undersigned, confirm that we have been consulted regarding the above SWP and that its content is clearly understood. We also confirm that our required qualification(s) etc. to undertake this activity, is\are current and that we are competent to complete the work safely and without risk to our own health or the health and safety of others. We clearly understand that the control(s) in this SWP must be applied as documented, otherwise work is to cease immediately, and we will ensure that the work area is made safe, as far as reasonably practicable.			
Name:	Company:	Signature:	Date:
Mahmood Bakhtyari	Jake Hall Tiling	MB	29/4/25

I, the undersigned Supervisor, confirm that I have checked all qualifications provided and verify that they are applicable and current. I have also ensured that all inductions have taken place and that all tools and equipment are properly maintained and safe to use. I have issued all relevant permits and have ensured to the best of my ability that the work area is safe and that the work will not damage any property or injure any persons.

Supervisor Name Jake Hall
Date 29/4/25

Supervisor Signature JH