

ACTIVITY / JOB TITLE:			
DATE:		SPECIFIC REQUIREMENTS:	
LOCATION:		JSEA TEAM MEMBERS:	
AUTHORISED BY:		PPE REQUIRED:	
SWMS PREPARED BY:			

Task step	Plant/ Equipment Required	Possible Hazards	Initial Risk Score (see matrix)	Control measures Hierarchy of control Elimination > Substitution > Engineering > Admin > PPE	Control Responsibility	Residual Risk Score (see matrix)

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Consequences		Injuries or ailments not requiring medical treatment.	Minor injury or First Aid Treatment Case.	Serious injury causing hospitalisation or multiple medical treatment cases.	Life threatening injury or multiple serious injuries causing hospitalisation.	Death or multiple life threatening injuries.
		Insignificant	Minor	Moderate	Major	Catastrophic
Probability		1	2	3	4	5
5 - Almost Certain	Is expected to occur in most circumstances	M (9)	H (16)	E (22)	E (24)	E (25)
4 - Likely	Will probably occur	M (6)	M (13)	H (19)	E (21)	E (23)
3 - Possible	Might occur at some time in the future	L (4)	M (11)	H (15)	H (18)	E (20)
2 - Unlikely	Could occur but doubtful	L (2)	M (7)	M (12)	M (14)	H (17)
1 - Rare	May occur but only in exceptional circumstances	L (1)	L (3)	L (5)	M (8)	M (10)

*** The above matrix has been developed from Australian Standard 4360-2004 Risk Management ***

List all legislation pertaining to the works being undertaken – e.g. -

- 95 Workplace Health and Safety Act
- 97 Workplace Health and Safety Regulations

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- s191 – Relevant person’s obligation to prepare work method statement before starting high risk construction activity
- s156 – Meaning of High-Risk Construction Activity
- Part 3 – Prescribed Occupations
- Environmental Protection Act 1994
- Environmental Protection Regulation 1998
- Environmental Protection (Noise) Policy 1997
- National Environment Protection Council (Queensland) Act 1994
- AS4360-2004 Risk Management
- QLD Plant Code of Practice
- Other relevant Codes of Practice and Industry Guidelines

Safe Work Method Statement - Work Team Sign-on/ Review Register

Personnel are required to sign this register to indicate they have read, understand and will adhere to the requirements of the SWMS

This SWMS covers:		SWMS No:			
Name	Employee Signature	Date	Name	Employee Signature	Date

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