|  |  |  |  |
| --- | --- | --- | --- |
| **SWP No:** | **Activity/Task:**  (include photo if available) | | |
| **Associated Risk Assessment(s):** | **Version Number:** | **Approval Date:** | **Review Date (5 yrs):** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | All Users **MUST** review this SWP prior to use to:   * ensure safe practice for operator & equipment, and * prevent injury to staff, students and visitors to campus | |
| **Personal Protective Equipment** (delete those not required)   |  |  |  |  | | --- | --- | --- | --- | | Image result for safety glasses signEyes | Related image  Footwear | Image result for safety clothing sign  Clothing | Gloves-ISO-7010-Safety-Label-LB-0316  Gloves | | Related image  Face | Image result for safety respirator sign  Respirator | Related image  Dust mask | Related image  Helmet | | | | | **Safety Warnings** |
| **Hazards Summary (residual risks – refer to the risk assessment)** | | | | |
| **Risk Level\*** | | **Potential Hazards** | | **Control Measures** |
|  | **Very High** |  | |  |
|  | **High** |  | |  |
|  | **Medium** |  | |  |
|  | **Low** |  | |  |

**DETAILED RISK IDENTIFICATION AND CONTROLS:**

Please include all steps involved in the performance of the task

**NOTE: All PPE required must be listed and the minimum PPE for each chemical must be listed as per the relevant SDS.**

|  |  |  |
| --- | --- | --- |
| **Task/Activity Step** | **Possible Hazard** | **Safety Controls** |
| 1. **Before you start** |  |  |
|  |  |  |
|  |  |  |
| 1. **Steps during the process** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. **When You Finish** |  |  |
|  |  |  |

|  |
| --- |
| **In the event of Incident or Emergency:**  Ensure all accidents and incidents are reported to the Facility Manager and the online incident report form is completed <https://csupublicportal.scrimonline.com.au/main.aspx>.  **Police/Ambulance/Fire: 000 CSU Security : 400** |
| **Responsibilities**:  **The Facility Manager is responsible for**:  **The Users are responsible for:** |
| **References** (including manuals, Standards or Acts)**:** |
| **Training Requirements/Competencies:** |
| **Engineering Details, Certificates, Work Cover Approvals:** |
| **Maintenance Requirements:** |
| **Waste Disposal Requirements:** |

**SWP Authorisation**

|  |  |  |
| --- | --- | --- |
| **Prepared By** | **Recommended By** | **Approved By** |
| Signature:  Name:  Date: | Signature:  Name:  Date: | Signature:  Name:  Date: |
| Signature:  Name:  Date: | Signature:  Name:  Date: |  |
| Signature:  Name:  Date: |  |  |

**Risk Assessment Matrix\***

Evaluate the level of risk associated with the hazard identified

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consequence** | **Likelihood** | | | | |
| **1 Rare** | **2 Unlikely** | **3 Possible** | **4 Likely** | **5 Almost Certain** |
| **5 Extreme (Death or permanent injury)** | Medium | High | Very High | Very High | Very High |
| **4 Major (Hospitalisation)** | Medium | Medium | High | Very High | Very High |
| **3 Moderate (Medical treatment)** | Low | Medium | Medium | High | High |
| **2 Minor (First Aid)** | Low | Low | Medium | Medium | Medium |
| **1 Insignificant (No treatment)** | Low | Low | Low | Low | Low |

Likelihood Ratings Guide

|  |  |  |
| --- | --- | --- |
| Rating | Likelihood | Indicative frequency of occurrence |
| 1 | Rare | Less than 5% chance of occurring |
| 2 | Unlikely | 5% to 30% chance of occurring |
| 3 | Possible | 30% to 50% chance of occurring |
| 4 | Likely | 51% to 90% chance of occurring |
| 5 | Almost Certain | Greater than 90% chance of occurring |

**Proficiency Training Record**

Where the risk assessment has identified that proficiency training against this SWP is required, workers and their supervisor should record proficiency in the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Worker Name** | **Worker Signature** | **Supervisor Name** | **Supervisor Signature** | **Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |