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| --- | --- |
| **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 imageFootwear | Image result for safety clothing signClothing | Gloves-ISO-7010-Safety-Label-LB-0316Gloves |
| Related imageFace | Image result for safety respirator signRespirator | Related imageDust mask | Related imageHelmet |

 | **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**
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| 1. **Steps during the process**
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| 1. **When You Finish**
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| **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** |
| **1Rare** | **2Unlikely** | **3Possible** | **4Likely** | **5Almost 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** |
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