

















Safe Work Procedure Template (DS-PR09-TM05)

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|---|--|---|---|---|--|---|--------------------------------------|
| Title: [Machinery/Equipment (include details of make, model & type)/Operation/Process] Click here to enter text. | | SWP ID. Number: Click here to enter text. | | | | | |
| Campus: Click here to enter text. | | Faculty/School/Portfolio/Area: Click here to enter text. | | | | | |
| Building Number: Click here to enter text. | | Floor & Room Number: Click here to enter text. | | | | | |
| Issue date: Click here to enter a date. | Current version: Click here to enter text. | Current version Issue date: Click here to enter a date. | Next review date: Click here to enter a date. | | | | |
| Created by: Employee Name: Click here to enter text. Position: Click here to enter text. Date: Click here to enter a date. | | | | | | | |
| In consultation with: Health and Safety Representative (HSR): Name: Click here to enter text. Date: Click here to enter a date. | | | | | | | |
| List all others who were involved in the development of this SWP: Employee Name: Click here to enter text. Position: Click here to enter text. Date: Click here to enter a date. | | | | | | | |
| Title of Risk Assessment associated with SWP: Click here to enter text. | | Reference number: Click here to enter text. | Date completed: Click here to enter a date. | | | | |
| 1. Provide a description of the task / activity | | | | | | | |
| Include a brief description of the task or activity (e.g. use of a drill) or (e.g. decanting a hazardous chemical) Click here to enter text. | | INSERT IMAGE OF PLANT ITEM | | | | | |
| 2. Personal Protective Equipment (PPE) required (Please check the relevant boxes) | | | | | | | |
|  <input type="checkbox"/> | Safety footwear must be worn |  <input type="checkbox"/> | Safety gloves may be required for some operations |  <input type="checkbox"/> | Close fitting/protective clothing must be worn |  <input type="checkbox"/> | Hair net must be worn |
|  <input type="checkbox"/> | Safety glasses must be worn |  <input type="checkbox"/> | Hearing protection must be worn |  <input type="checkbox"/> | Welding mask must be worn |  <input type="checkbox"/> | Face shield must |
|  <input type="checkbox"/> | Respirator must be worn |  <input type="checkbox"/> | Dust mask must be worn |  <input type="checkbox"/> | Breathing apparatus must be worn |  <input type="checkbox"/> | Apron must be worn |
|  <input type="checkbox"/> | Beard snood must be worn |  <input type="checkbox"/> | Safety harness must be worn |  <input type="checkbox"/> | Hard hat must be worn |  <input type="checkbox"/> | High visibility jackets must be worn |

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Warning:

DO NOT carry out this task or activity unless you have been authorised to do so

| 3. Before you start | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Competencies and training | List specific operator competency requirements e.g. area induction, qualifications, certificates, OHS training, supervision Click here to enter text. List competency of Assessor Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tools and equipment | List tools and equipment required to perform the task or activity Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chemicals and substances | List chemicals or substances required to perform the task. Attach Safety Data Sheets (SDSs) Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Energy Isolation | Does this task or activity require any isolations, e.g. for performing maintenance tasks on plant or equipment? Lock Out Tag Out (LOTO) must be performed by a competent person. Please contact the Technical Officers to arranged completion of LOTO Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permits required | Does this task or activity require a Permit such as Confined Spaced Entry, Working at Height or Hot Work or other? If a Permit is required, please contact the Technical Office to arrange completion Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hazards | <p>Physical Hazards <i>(Please check the relevant boxes)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Entanglement</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Crushing</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Moving parts</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Falling objects</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Sharp objects</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Electricity</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Projectiles</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Hot/cold surfaces</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Airborne metal dust, swarf, splinters</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Noise/vibration</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Working from height</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Radiation</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Manual Handling/ergonomic</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Slips, trips, falls</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Pinch points</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td colspan="2" style="padding: 2px;">Other (specify): Click here to enter text.</td> </tr> </table> <p>Chemical Hazards <i>(Please check the relevant boxes)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Flammable</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Corrosive</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Irritant (skin, eye, respiratory)</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Oxidising</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Toxic</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Gas under pressure</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Explosive</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td colspan="2" style="padding: 2px;">Other (specify): Click here to enter text.</td> </tr> </table> <p>Biological Hazards <i>(Please check the relevant boxes)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Bacteria</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Viruses</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Fungi</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Mould</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Insect / animal bites</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Blood & other body fluids</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Sewage</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td colspan="2" style="padding: 2px;">Other (specify): Click here to enter text.</td> </tr> </table> | Entanglement | <input type="checkbox"/> | Crushing | <input type="checkbox"/> | Moving parts | <input type="checkbox"/> | Falling objects | <input type="checkbox"/> | Sharp objects | <input type="checkbox"/> | Electricity | <input type="checkbox"/> | Projectiles | <input type="checkbox"/> | Hot/cold surfaces | <input type="checkbox"/> | Airborne metal dust, swarf, splinters | <input type="checkbox"/> | Noise/vibration | <input type="checkbox"/> | Working from height | <input type="checkbox"/> | Radiation | <input type="checkbox"/> | Manual Handling/ergonomic | <input type="checkbox"/> | Slips, trips, falls | <input type="checkbox"/> | Pinch points | <input type="checkbox"/> | Other (specify): Click here to enter text. | | Flammable | <input type="checkbox"/> | Corrosive | <input type="checkbox"/> | Irritant (skin, eye, respiratory) | <input type="checkbox"/> | Oxidising | <input type="checkbox"/> | Toxic | <input type="checkbox"/> | Gas under pressure | <input type="checkbox"/> | Explosive | <input type="checkbox"/> | Other (specify): Click here to enter text. | | Bacteria | <input type="checkbox"/> | Viruses | <input type="checkbox"/> | Fungi | <input type="checkbox"/> | Mould | <input type="checkbox"/> | Insect / animal bites | <input type="checkbox"/> | Blood & other body fluids | <input type="checkbox"/> | Sewage | <input type="checkbox"/> | Other (specify): Click here to enter text. | |
| Entanglement | <input type="checkbox"/> | Crushing | <input type="checkbox"/> | Moving parts | <input type="checkbox"/> | Falling objects | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sharp objects | <input type="checkbox"/> | Electricity | <input type="checkbox"/> | Projectiles | <input type="checkbox"/> | Hot/cold surfaces | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Airborne metal dust, swarf, splinters | <input type="checkbox"/> | Noise/vibration | <input type="checkbox"/> | Working from height | <input type="checkbox"/> | Radiation | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manual Handling/ergonomic | <input type="checkbox"/> | Slips, trips, falls | <input type="checkbox"/> | Pinch points | <input type="checkbox"/> | Other (specify): Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Flammable | <input type="checkbox"/> | Corrosive | <input type="checkbox"/> | Irritant (skin, eye, respiratory) | <input type="checkbox"/> | Oxidising | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Toxic | <input type="checkbox"/> | Gas under pressure | <input type="checkbox"/> | Explosive | <input type="checkbox"/> | Other (specify): Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bacteria | <input type="checkbox"/> | Viruses | <input type="checkbox"/> | Fungi | <input type="checkbox"/> | Mould | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insect / animal bites | <input type="checkbox"/> | Blood & other body fluids | <input type="checkbox"/> | Sewage | <input type="checkbox"/> | Other (specify): Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Safety Precautions | Some examples: (this list is a sample but is not exhaustive) Do not start the saw with the blade touching the job item. Allow the blade to reach full speed first. Do not leave saw running unattended. Do not reach over or across the machine when it is in operation. Do not load or unload a work piece whilst the saw blade is still running. Do not exceed the maximum cut for the machine. Do not cut materials other than metal on this machine. Do not use faulty equipment. Immediately report suspect machinery. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | <p>Do not blow compressed air onto the skin.</p> <p>Can only be accessed during opening house 9.00am – 5.00pm, Monday to Friday</p> <p>Click here to enter text.</p> |
| Emergency preparedness and response | <p>List emergency response equipment/resources that must be in place before you start e.g. first aid kits, fire extinguishers, chemical spill kits, radiation skill kits, cyanide response kits, satellite phone, EPIRB, safety observer, first aid officer</p> <p>Ensure availability and locate the following requirements</p> <ul style="list-style-type: none"> • first aid kits • fire extinguishers • chemical spill kits • safety observer • first aid officer <p>In the case of an emergency</p> <p style="padding-left: 20px;">Use the SafeZone App</p> <p style="padding-left: 20px;">Ambulance, Fire or Police 000</p> <p style="padding-left: 20px;">Security Deakin 03 5227 2222 (or 1800 062 579)</p> <p style="padding-left: 20px;">Poison 13 11 26</p> <p>All injuries must be reported and seen by a First Aid Officer.</p> <p>First Aiders and their contact details are displayed on first aid boxes.</p> <p>List details of specific response requirements in an emergency e.g. phone 000, check for personal danger before attempting rescue, contact Base Contact</p> <p>Click here to enter text.</p> |
| Waste disposal | <p>List details of waste disposal requirements e.g. don't put chemicals down the drain, use of bio-hazard bags etc. Click here to enter text.</p> |
| Supporting documents | <p>List any relevant procedures e.g. Deakin procedures, relevant legislation, definitions, reference to other safety information)</p> <p>Click here to enter text.</p> |

| 4. Procedure | | | |
|---------------------|--|---|--|
| Step Number | Task / Activity (Description of each Step of the task or activity) | Potential Hazards (What could cause harm) | Control Measures (What can be done to minimise harm) |
| | | | |
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This SWP does not necessarily cover all possible hazards associated with the task/activity and should be used in conjunction with the risk assessment. It is designed to be used as an adjunct to teaching Safety Work Procedures and to act as a reminder to users prior to the activity or use.

| 5. SWP Approver | |
|--------------------------------------|--|
| Manager/Supervisor | Name: Click here to enter text. Position: Click here to enter text. Date: Click here to enter a date. |
| Responsibility for SWP review | Name: Click here to enter text. Position: Click here to enter text. Review Date: Click here to enter a date. |

| 6. SWP sign off sheet (Add more lines as required) | | | | |
|--|-----------|--|---|----------------------------------|
| In signing this section the assessor/ authoriser agrees that the following persons are competent in following this SWP | | | | |
| Name | Signature | Date Competent | Name of Assessor/authoriser | Signature of Assessor/Authoriser |
| Click here to enter text. | | Click here to enter a date | Click here to enter text. | |
| Click here to enter text. | | Click here to enter a date | Click here to enter text. | |

7. Revision

| Rev No. | Issue Date | Nature of Amendment | Page No(s) | Author | Department |
|---------|------------|---------------------|------------|----------|-----------------|
| 1.0 | 10.08.2020 | New Document | All | A Mullen | Health & Safety |