



WHS UNIT

## SAFE WORK PROCEDURE

Initial Details																																		
<b>Faculty/Division:</b>		<b>Unit:</b>																																
<b>Work Activity:</b>																																		
<b>Type</b> (select one only): <input type="checkbox"/> Field Work <input type="checkbox"/> General <input type="checkbox"/> Maintenance <input type="checkbox"/> Office <input type="checkbox"/> Other <input type="checkbox"/> Research <input type="checkbox"/> Teaching																																		
<b>Developer/s:</b>	<b>Approver/s:</b>		<b>Signature:</b>																															
1.	1.																																	
2.	2.																																	
3.	3.																																	
4.	4.																																	
5.	5.																																	
6.	6.																																	
Hazardous Chemicals/Dangerous Goods																																		
Does this SWP relate to the use of hazardous chemicals or dangerous goods? <input type="checkbox"/> Yes <input type="checkbox"/> No																																		
Risk Assessment																																		
<b>Consequence</b> (select one only):	<b>Likelihood</b> (select one only):		<b>Risk</b>																															
<input type="checkbox"/> Severe (Death or extensive injuries)	<input type="checkbox"/> Almost Certain (Expected to occur in most circumstances)		<table border="1"> <thead> <tr> <th colspan="2" rowspan="2"></th> <th colspan="4">CONSEQUENCES</th> </tr> <tr> <th>Minor</th> <th>Moderate</th> <th>Major</th> <th>Severe</th> </tr> </thead> <tbody> <tr> <th rowspan="4">LIKELIHOOD</th> <th>Almost Certain</th> <td>M</td> <td>M</td> <td>H</td> <td>H</td> </tr> <tr> <th>Likely</th> <td>L</td> <td>M</td> <td>H</td> <td>H</td> </tr> <tr> <th>Possible</th> <td>L</td> <td>L</td> <td>M</td> <td>H</td> </tr> <tr> <th>Unlikely</th> <td>L</td> <td>L</td> <td>M</td> <td>M</td> </tr> </tbody> </table>			CONSEQUENCES				Minor	Moderate	Major	Severe	LIKELIHOOD	Almost Certain	M	M	H	H	Likely	L	M	H	H	Possible	L	L	M	H	Unlikely	L	L	M	M
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	Possible	L	L	M	H																													
	Unlikely	L	L	M	M																													
<input type="checkbox"/> Major (Medical treatment)	<input type="checkbox"/> Likely (Will probably occur in most circumstances)																																	
<input type="checkbox"/> Moderate (First aid treatment)	<input type="checkbox"/> Possible (May occur at some time)																																	
<input type="checkbox"/> Minor (Injury report, no treatment)	<input type="checkbox"/> Unlikely (May occur, but probably never will)																																	
Risk Assessment and Incident Link																																		
Does a risk assessment identify the need for this safe work procedure? ? <input type="checkbox"/> Yes <input type="checkbox"/> No																																		
Does a hazard/incident report identify the need for this safe work procedure? ? <input type="checkbox"/> Yes <input type="checkbox"/> No																																		
Referenced Documentation																																		
<b>Type</b> (select one only):	<b>Description</b>																																	
<input type="checkbox"/> Aust Std <input type="checkbox"/> CoP <input type="checkbox"/> Legis. <input type="checkbox"/> Other <input type="checkbox"/> UOW Doc.																																		

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<input type="checkbox"/> Aust Std	<input type="checkbox"/> CoP	<input type="checkbox"/> Legis.	<input type="checkbox"/> Other	<input type="checkbox"/> UOW Doc.	

Personal Protective Equipment	
Type (Check the box for required PPE)	Description
<input type="checkbox"/> Gloves	
<input type="checkbox"/> Safety glasses	
<input type="checkbox"/> Goggles	
<input type="checkbox"/> Face shield	
<input type="checkbox"/> Safety footwear	
<input type="checkbox"/> Enclosed footwear	
<input type="checkbox"/> Gumboots	
<input type="checkbox"/> Hard hat	
<input type="checkbox"/> Hat	
<input type="checkbox"/> Hairnet	
<input type="checkbox"/> Ear plugs / muffs	
<input type="checkbox"/> Lab coat / gown	
<input type="checkbox"/> Apron	
<input type="checkbox"/> Overalls	
<input type="checkbox"/> High visibility vest / clothing	
<input type="checkbox"/> Wet weather clothing	
<input type="checkbox"/> Job specific clothing	
<input type="checkbox"/> Fire resistant clothing	
<input type="checkbox"/> Particulate respirator	
<input type="checkbox"/> Gas respirator	
<input type="checkbox"/> Supplied air respirator	
<input type="checkbox"/> Sunscreen	
<input type="checkbox"/> Lifeline / body harness	
<input type="checkbox"/> Personal monitor	
<input type="checkbox"/> Personal floatation device	
<input type="checkbox"/> Radio / communication device	
<input type="checkbox"/> Signage	
<input type="checkbox"/> Safety cones / barricades	
<input type="checkbox"/> Intrinsically safe equipment	
<input type="checkbox"/> Other	
<input type="checkbox"/> No PPE required	

<b>Action Plan</b>			
<b>Step Number</b>	<b>Job Step</b> (Steps in the process/task)	<b>Potential Hazards</b> (What could cause an injury)	<b>Controls</b> (What can be done to minimise the risk of injury)

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