



# SPECIFIC WORKSITE ASSESSMENT & TOOLBOX

adapted for 355c Committees & Volunteers

This Specific Worksite Assessment and Toolbox (SWAT) Form is to be completed by a Council Responsible Officer in conjunction with committee/volunteer representatives prior to a project or activity commencing. Completed SWAT Forms (or copies) should be forwarded to the Volunteers Coordinator. Only those committee volunteers directly inducted by a Council Responsible Officer are then able to induct other volunteers to the site.

Additional information relevant to this document is provided separately, and includes the 'Daily Attendance Form', 'Port Stephens Council Risk Matrix' and 'List of Emergency and Utilities Contacts'.

1.0 PROJECT DETAILS AND CONTACTS	
<b>Committee Name:</b>	
<b>Name of Committee Representative:</b>	
<b>Council Responsible Officer Name:</b>	
<b>Position:</b>	<b>Contact Details:</b>
<b>Site:</b>	
<b>Activities:</b>	
<b>Date Started:</b>	<b>Date Finished:</b>
<b>Authorisation to Proceed with Works:</b> The site, activity or project has been discussed with the persons detailed above. Works are approved to proceed, provided that controls described are fully observed. <b>Council Responsible Officer Signature:</b> .....	<b>Completion Of Works:</b> The site, activity or project has been inspected at the completion of works and declared safe for normal operations to resume. <b>Council Responsible Officer Signature:</b> .....
<b>Health &amp; Safety Representative:</b> Volunteers Coordinator, ph 4980 0202 or 0447 673669	
<b>Emergency Contacts &amp; Utilities:</b> Refer to sheet provided separately.	
<b>Other Contacts:</b> Karuah LALC, ph 4997 5733                      Heritage enquiries, ph Council's Strategic Planner on 4980 0141 Worimi LALC, ph 4033 8800                      Arts & Cultural enquiries, ph Community Development on 4980 0121	

2.0 PROHIBITED ACTIVITIES	Applicable	
Activities <b>NOT</b> permitted by volunteers as per Council's WHS Management of Volunteers Procedure, unless written permission is obtained from Council..	N/A	YES
<b>Confined Space Entry:</b> No work in confined spaces (an enclosed or partially enclosed space not designed or intended primarily to be occupied by a person) eg stormwater drain, roof cavity etc.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Excavation/Penetration:</b> No excavation or trenching works.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Use of Plant and Machinery:</b> eg ride on mowers and chainsaws.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Electrical Tools:</b> Volunteers are only permitted to use battery operated electrical tools.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Working at heights:</b> eg tree access, climbing, roof access. (Activities such as using a ladder to shelve books and clean windows MAY be permitted.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Burning:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chemical Handling:</b> Unless Volunteer has undertaken appropriate training and is approved for task.	<input type="checkbox"/>	<input type="checkbox"/>

WARNING: This is a CONTROLLED Document. Hardcopies of this document may not be the latest version. See website for most recent version.

(**Note:** If there is no *Safe Work Method Statement* (SWMS) applicable to the activities identified, then a site specific *Additional Site Hazard Identification* (ASHI) must be completed and attached – section 6.0.)

3.0 SITE ASSESSMENT & ACTIVITIES	Applicable N/A YES		Control Treatment Documented
<p><b>Walk through of site:</b></p> <p><b>Outdoor Work</b> (eg landform, slope, ground stability, wet areas, drains, uneven ground, overhanging branches)</p> <p><b>Working Near Water</b> (eg over, in or adjacent to water where there is a risk of drowning)</p>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI  <input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI
<p><b>Traffic and Access:</b></p> <p><b>Vehicle Access</b> (eg private vehicles &amp; trailers, emergency vehicles, council vehicles etc)</p> <p><b>Pedestrians</b> (eg pedestrian traffic &amp;/or access paths, no accidental entry to site, potential trip hazards)</p> <p><b>Traffic</b> (eg when undertaking road side litter pick up)</p> <p><b>Emergency Assembly</b> (eg assembly point, phone contact, procedures)</p>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI  <input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI  <b>Note:</b> A Traffic Control Plan needs to be developed by a certified Council officer. Referenced TCP Plan No.....  <input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI
<p><b>Environment and Waste:</b></p> <p><b>Impact of Activity</b> (eg impact on flora, fauna, waterways)</p> <p><b>Erosion and Sedimentation</b> (eg control of runoff)</p> <p><b>Heritage Elements</b> (eg indigenous or modern)</p> <p><b>Wildlife Hazards</b> (eg snakes, nesting birds, mosquitos, ticks etc)</p> <p><b>Waste Disposal</b> (eg arrangements, approvals)</p> <p><b>Weather Conditions</b> (eg strong wind, extreme heat/cold, heavy rain)</p>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI  Detailed in section 5.0 Site Plan  <input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI <b>Note:</b> see contacts on page 1.  <input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI  <input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI  <input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI
<p><b>Violence/Aggression:</b> (eg potential for exposure to aggressive persons &amp; processes to handle)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Note:</b> Aggressive or abusive members of the public are to be directed to the Site Supervisor.
<p><b>Work time restrictions:</b> (eg times not to be worked)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>First Aid:</b></p> <p><b>First Aid Kit on-site, checked &amp; up-to-date</b></p> <p><b>Trained First Aid Officer on-site</b></p>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	
<p><b>Incident Reporting Procedure:</b> (eg Risk Incident/Hazard Report book on-site)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Note:</b> All incidents (injuries, property damage, near misses, hazards, environmental impact) are to be reported to your Council Responsible Officer within 24 hours.

3.0 SITE ASSESSMENT & ACTIVITIES cont....	Applicable N/A YES		Control Treatment Documented
<b>Working at heights:</b> Type: _____ (eg ladder to shelve books or clean windows)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI
<b>Digging Holes/Tree Planting:</b> (eg tree planting, form work, installing pickets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI Dial-Before-You-Dig plan required and attached? <input type="checkbox"/> N/A <input type="checkbox"/> Yes PSC plans required and attached? <input type="checkbox"/> N/A <input type="checkbox"/> Yes
<b>Tools and Equipment:</b> (eg hand tools, battery operated hand tools checked & fit for purpose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI
<b>Trailers:</b> (trailer checked and fit for purpose)	<input type="checkbox"/>	<input type="checkbox"/>	Checks recorded in section 8.0 Checklist Yes <input type="checkbox"/>
<b>Mobile Machinery:</b> (eg mower, whipper snipper) Volunteers must obtain approval to undertake mowing and whipper snipping works. Volunteers must obtain approval for use of mobile machinery. Machinery checked and fit for purpose.	<input type="checkbox"/>	<input type="checkbox"/>	Approval obtained? <input type="checkbox"/> N/A <input type="checkbox"/> Yes
	<input type="checkbox"/>	<input type="checkbox"/>	Approval obtained? <input type="checkbox"/> N/A <input type="checkbox"/> Yes
	<input type="checkbox"/>	<input type="checkbox"/>	Checks recorded in section 8.0 Checklist Yes <input type="checkbox"/>
<b>Chemicals:</b> (eg cleaning, weed control) Record of Herbicide Application required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI
	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Hazardous Materials or Activities:</b> Valid Safety Data Sheets (SDS) onsite for each material/substance. PPE as detailed in SDS &/or SWMS available and being worn.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Note:</b> Notify Council if you find hazardous items. <input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI
<b>Contractors:</b> Insurance and SWMS for ALL contractors conducting work obtained and reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	Is Contractor on Council's Contractor Management System? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>NOTE:</b> SWMS must be provided by contractors.

4.0 SPACE FOR ADDITIONAL NOTES



Refer to 'Port Stephens Council Risk Matrix' document provided separately to 355c Committees, so that risk ratings can be identified.

6.0 ADDITIONAL SITE HAZARD IDENTIFICATION									
Section:			Location:					Date:	
Job / Task Description: •									
			RISK ASSESSMENT GUIDELINES (Check for the following)						
Activity	Hazard	Initial Risk			Control Measures & Actions Required (Implementation of risk control measures MUST be in accordance with the Hierarchy of Control)	Risk After Actions			Person Responsible
		L	C	Risk		L	C	Risk	
Initial & Date:									



**8.0 TRAILER & MACHINERY SAFETY CHECKLIST**  
 (This checklist is to be undertaken each time prior to a trailer being used.)

<b>Committee Name:</b>	
<b>Site Working:</b>	

<b>TRAILER REGISTRATION NUMBER:</b>								
<b>Trailer Owner/Responsible Person:</b>								
<b>Checks to be undertaken before use:</b> ✓ = OK      ✗ = Action Needed	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
	.....	.....	.....	.....	.....	.....	.....	.....
<b>Wear, damage, leaks:</b> structure, accident damage, guards								
<b>Wheels / Tyres:</b> nuts, pressure, tread, wear								
<b>Body / tail gate:</b> operating, good condition								
<b>Warning devices:</b> brake light, blinkers, reflectors								
<b>Other:</b>								
<b>Other:</b>								

<b>MOBILE MACHINERY TYPE:</b> (eg mower, whipper snipper)								
<b>Machinery Owner/Responsible Person:</b>								
<b>Checks to be undertaken before use:</b> ✓ = OK      ✗ = Action Needed	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
	.....	.....	.....	.....	.....	.....	.....	.....
<b>General wear &amp; tear</b>								
<b>Oil &amp; fuel leaks</b>								
<b>Blades secure</b>								
<b>All guards attached</b>								
<b>Other</b>								

<b>Date Fault Detected:</b>	<b>Fault Description:</b>	
<b>Action Required:</b>	<b>Date Action Completed:</b>	
	<b>Signature:</b>	

<b>Date Fault Detected:</b>	<b>Fault Description:</b>	
<b>Action Required:</b>	<b>Date Action Completed:</b>	
	<b>Signature:</b>	