



# SPECIFIC WORKSITE ASSESSMENT & TOOLBOX

## adapted for Council Committees, Groups & 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, and utilising relevant Safe Work Method Statements (SWMS). Copies of completed SWAT Forms should be forwarded to the Volunteers Support Project Officer. 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/Group Name:</b>	
<b>Name and contact phone number of Committee/Group Representative:</b>	
<b>Council Responsible Officer Name:</b>	
<b>Position:</b>	<b>Contact Details:</b>
<b>Site:</b>	
<b>Activities:</b>	
<b>Start Date:</b>	<b>Finish Date:</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>Date:</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>Date:</b> .....
<b>Health &amp; Safety Representative:</b> Volunteers Support Project Officer, ph 4988 0586 or 0457 058 394	
<b>Emergency Contacts &amp; Utilities:</b> Refer to sheet provided separately.	

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 prior to works commencing.	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"/>	
<b>Excavation/Penetration:</b> No excavation or trenching works.	<input type="checkbox"/>	
<b>Use of Plant and Machinery:</b> eg ride on mowers, whipper snippers, quad bikes and chainsaws.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Electrical Tools:</b> Volunteers are only permitted to use battery operated electrical tools, with prior approval.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Working at heights:</b> eg tree access, climbing, roof access not permitted. (Activities such as using a ladder to shelve books and clean windows MAY be permitted following a risk assesment).	<input type="checkbox"/>	<input type="checkbox"/>

<b>Burning:</b> No burning permitted.	<input type="checkbox"/>	
<b>Chemical Handling:</b> Unless Volunteer has undertaken appropriate training and is approved for task.	<input type="checkbox"/>	<input type="checkbox"/>

**(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"/>	<p><input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI</p> <p><input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI</p>
<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, emergency procedures in place).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p><input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI</p> <p><b>Note:</b> If private vehicles are being brought onto Council land, Comprehensive Motor Vehicle insurance is required.</p> <p><input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI</p> <p><b>Note:</b> A Traffic Control Plan needs to be developed by a certified Council officer. Referenced TCP Plan No.....</p> <p><input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI</p>
<p><b>Environmental:</b></p> <p><b>Air Pollution</b> (eg. dust, chemical drift).</p> <p><b>Water Pollution</b> (eg waterways, stormwater).</p> <p><b>Flora and Fauna</b> (eg vegetation, trees native animals).</p> <p><b>Erosion and Sedimentation</b> (eg control of runoff).</p> <p><b>Heritage</b> (eg Aboriginal and / or non-indigenous).</p> <p><b>Noise and Vibration</b> (eg. tools machinery, music?).</p> <p><b>Waste Disposal</b> (eg arrangements, approvals).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p><input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI</p> <p><input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI</p> <p><input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI</p> <p>Detailed in section 5.0 Site Plan</p> <p><input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI</p> <p><b>Note:</b> see contacts on page 1.</p> <p><input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI</p> <p><input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI</p>

EDRMS: PSC2013-04

<b>Wildlife Hazards</b> (eg snakes, nesting birds, mosquitos, ticks etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI
<b>Weather Conditions</b> (eg strong wind, extreme heat/cold, heavy rain, flooding, poor air quality).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI
<b>Violence/Aggression:</b> (eg potential for exposure to aggressive persons & processes to handle).	<input type="checkbox"/>	<input type="checkbox"/>	<b>Note:</b> Aggressive or abusive members of the public are to be directed to the Site Supervisor. Or contact the Volunteers Support Project Officer, ph 4988 0586 or 0457 058 394.
<b>Work time restrictions:</b> (eg times not to be worked).	<input type="checkbox"/>	<input type="checkbox"/>	
<b>First Aid:</b> First Aid Kit on-site, checked, fully stocked & up-to-date. Trained First Aid Officer on-site.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Incident Reporting Procedure:</b> (eg Incident/Hazard Report book on-site).	<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.

<b>3.0 SITE ASSESSMENT &amp; ACTIVITIES cont....</b>	<b>Applicable</b>		<b>Control Treatment Documented</b>
	<b>N/A</b>	<b>YES</b>	
<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 prior approval to undertake mowing and whipper snipping works. Volunteers must obtain prior approval for use of mobile machinery. Machinery checked and fit for purpose. Volunteers trained in the use of the machinery.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Approval obtained? <input type="checkbox"/> N/A <input type="checkbox"/> Yes Approval obtained? <input type="checkbox"/> N/A <input type="checkbox"/> Yes 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"/> <input type="checkbox"/>	<input type="checkbox"/> SWMS or detailed in <input type="checkbox"/> ASHI





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 (ASHI)**

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Job / Task Description:**  
 • \_\_\_\_\_

**RISK ASSESSMENT GUIDELINES**  
 (Check for the following)

Activity	Hazard/Environmental Impact	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 Rating		L	C	Risk Rating	

**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>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>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>		