



Business Name: 1300Rubbish

Business Address: GPO Box 2823 Sydney NSW 2001

ABN/NZBN: 18108407816

COVID-19 AWARENESS AND RESPONSIBILITIES SAFE WORK METHOD STATEMENT (SWMS)

Business Contact: 1300 RUBBISH PTY LTD	Phone #: 1300782247	Principal Contractor (PC):1300Rubbish Pty Ltd
Responsible person (for monitoring SWMS and work):Dave Stanford		Responsible person (for monitoring SWMS and work):Dave Stanford
Signature:	Date: 1/7/20	PC Phone #:1300782247 Date SWMS provided to PC:1/7/20
Contact Phone #:0448286831		Contact Phone #:0448286831

THIS WORK ACTIVITY INVOLVES THE FOLLOWING HAZARDOUS WORK AND ENVIRONMENTAL IMPACTS

<input type="checkbox"/> Electrical equipment	<input type="checkbox"/> Elevated levels	<input type="checkbox"/> Slips, trips and falls	<input type="checkbox"/> Hazardous substances	<input checked="" type="checkbox"/> Infection control
<input type="checkbox"/> Hot Work	<input type="checkbox"/> Hazardous manual tasks	<input type="checkbox"/> Outdoor work	<input type="checkbox"/> Remotely &/or isolated work	<input type="checkbox"/> ?
<input type="checkbox"/> Noise and vibration	<input type="checkbox"/> Native vegetation & weeds	<input type="checkbox"/> Air quality	<input type="checkbox"/> Waste	<input type="checkbox"/> Vehicle movement
<input type="checkbox"/> Fuels, oils & chemicals	<input type="checkbox"/> Terrestrial fauna	<input type="checkbox"/> Waterways & soils	<input type="checkbox"/> Cultural heritage	<input type="checkbox"/> ?

THIS WORK ACTIVITY INVOLVES THE FOLLOWING "HIGH-RISK CONSTRUCTION WORK" (HRCW - IDENTIFIED IN THE JOB TASK COLUMN)

<input type="checkbox"/> Confined spaces	<input type="checkbox"/> Mobile plant movement	<input type="checkbox"/> Demolition of a load-bearing structure	<input type="checkbox"/> Asbestos disturbance
<input type="checkbox"/> Using explosives	<input type="checkbox"/> Diving work	<input type="checkbox"/> Artificial extremes of temperature	<input type="checkbox"/> Tilt-up or pre-cast concrete
<input type="checkbox"/> Pressurised gas distribution mains or piping chemical, fuel or refrigerant lines energised electrical installations or services			
<input type="checkbox"/> Structures or buildings involving structural alterations or repairs that require temporary support to prevent collapse			
<input type="checkbox"/> Involves a risk of a person falling from 2m or more, including work on telecommunications towers			
<input type="checkbox"/> Working at depths greater than 1.5 Metres, including tunnels or mines		<input type="checkbox"/> Work in an area that may have a contaminated or flammable atmosphere	
<input type="checkbox"/> Work carried out adjacent to a road, railway or shipping lane, traffic corridor		<input type="checkbox"/> In or near water or other liquid that involves the risk of drowning	

FOOT PROTECTION	HEARING PROTECTION	HIGH VISIBILITY	HEAD PROTECTION	EYE PROTECTION	FACE PROTECTION	HAND PROTECTION	PROTECTIVE CLOTHING	BREATHING PROTECTION	SUN PROTECTION	SAFETY HARNESS	Rings, watches, jewellery that may become entangled must not be worn. Long and loose hair must be tied back.
<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"/>	



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Planning/Preparation	<ul style="list-style-type: none"> • Liaise with Principal Contractor to identify on-site safety systems and procedures • Establish supervisory and communication arrangements • Principal contractor to confirm emergency response procedures are in place.
Hold Points	<ul style="list-style-type: none"> • Hold points identified and signed off before continuing work. <i>Specify?</i>
Training/Licence	<ul style="list-style-type: none"> • All workers to have a General Construction Induction Card • Relevant workers have relevant certificates of competency, licenses, and training. <i>Specify?</i> • Trained First Aider on site • All workers trained in site-specific emergency and evacuation procedures, SWMS, safe work procedures, and safety data sheets.
Worker duties and responsibilities	<ul style="list-style-type: none"> • Fit condition for work, i.e. no signs of fatigue, alcohol or drugs • Attend all site inductions/briefings (maintain social distancing rules, conduct briefing outdoors) • Comply with all site requirements, e.g. PPE, Traffic Management Plans (TMP) • Only carry out work related to the contract • Inspect completed work and report possible safety, environmental and quality matters to the supervisor.
Monitor/Review	<ul style="list-style-type: none"> • All persons involved in the task must have this SWMS communicated to them before work commences • SWMS to be reviewed and amended if necessary, in consultation with relevant persons after any near miss or incident • If additional site hazards identified, review this SWMS and amend control measures to suit • People, including workers, contractors and sub-contractors, affected by the revisions to this SWMS, must be informed ASAP • Give the principal contractor a copy of the revised SWMS • The site supervisor to monitor works against the controls stated in this SWMS • SWMS must be kept on-site and made available for inspection or review • Keep a record of this SWMS until the job is complete or for two years if involved in a notifiable incident • Regardless of any other factor, the person in control of the workplace must review this SWMS at least annually.



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Site-Specific Notes:	Act, Regulations, Codes of Practice References:

LIKELIHOOD	INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC	SCORE	ACTION
ALMOST CERTAIN	3 - HIGH	3 - HIGH	4 - ACUTE	4 - ACUTE	4 - ACUTE		
LIKELY	2 - MODERATE	3 - HIGH	3 - HIGH	4 - ACUTE	4 - ACUTE	4A - ACUTE	DO NOT PROCEED.
POSSIBLE	1 - LOW	2 - MODERATE	3 - HIGH	4 - ACUTE	4 - ACUTE	3H - HIGH	Review before commencing work.
UNLIKELY	1 - LOW	1 - LOW	2 - MODERATE	3 - HIGH	4 - ACUTE	2M - MODERATE	Maintain control measures.
RARE	1 - LOW	1 - LOW	2 - MODERATE	3 - HIGH	3 - HIGH	1L - Low	Record and monitor.



JOB TASK	HAZARDS	RISK	CONTROL MEASURES	RESPONSIBLE PERSON
1. TRAINING – Coronavirus (COVID-19)	<ul style="list-style-type: none"> Infection transmission COVID-19 infection 	4A	<ul style="list-style-type: none"> COVID-19 is spread from someone infected with COVID-19 virus to people they have been in 'close contact' with or by contact with contaminated hands, surfaces or objects contaminated by droplets spread by coughing or sneezing <ul style="list-style-type: none"> 'Close contact' refers to: <ul style="list-style-type: none"> Having face-to-face contact with an infected person for at least 15 minutes 	Supervisor



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			<ul style="list-style-type: none"> ▪ or been in the same closed space for at least 2 hours, as someone who has tested positive for the COVID-19 when that person was infectious. • Generally, symptoms first appear 5 to 6 days after exposure to the virus, although it can range from 2 to 14 days. For this reason, people who might have been in contact with a confirmed case are being asked to self-isolate for 14 days • Most COVID-19 cases appear to be spread from people who have symptoms. • Universal Standard Precautions assume that all people demonstrating flu-like symptoms are potentially infectious • Transmission of infection can be reduced by taking appropriate precautions. <div style="background-color: red; color: white; padding: 5px;"> <p>• Symptoms:</p> <table border="0" style="width: 100%; text-align: left;"> <tr> <td style="width: 33%;">• Fevers</td> <td style="width: 33%;">• Vomiting</td> <td style="width: 33%;">• Sore throat</td> </tr> <tr> <td>• Cough</td> <td>• Fatigue</td> <td>• Runny nose</td> </tr> <tr> <td>• Sneezing</td> <td>• Headaches</td> <td>• Respiratory distress</td> </tr> </table> </div>	• Fevers	• Vomiting	• Sore throat	• Cough	• Fatigue	• Runny nose	• Sneezing	• Headaches	• Respiratory distress	
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2. TRAINING - Universal Standard Precautions for infection control of COVID-19	<ul style="list-style-type: none"> Infection transmission COVID-19 infection 	4A	<ul style="list-style-type: none"> All workers to understand universal precautions and follow the universal precautions for infection control: <ul style="list-style-type: none"> ⚠ Workers must avoid people experiencing fevers, sweats, chills or other flu-like symptoms ⚠ All workers should be encouraged to practise frequent handwashing ⚠ Where possible, practice social distancing (stay at least one and a half metres or more away from people) ⚠ Maintain good respiratory (cough) etiquette, i.e. cover the mouth with the elbow and do not cough onto people, objects or into the open air ⚠ Do not touch, kiss, or hug others ⚠ Undertake appropriate cleaning and disinfection activities ⚠ Use appropriate PPE as relevant ⚠ If a worker has been in 'close contact' with someone with a confirmed case of COVID-19, they MUST NOT be working. 	Supervisor
3. TRAINING – Hand hygiene	<ul style="list-style-type: none"> Infection transmission COVID-19 infection 	4A	<ul style="list-style-type: none"> Hand washing method: <ul style="list-style-type: none"> ○ Remove all wrist and hand jewellery and watches ○ Wet hands ○ Using liquid antibacterial soap with running water, vigorously wash hands for a minimum of 20 seconds ○ Ensure all areas are washed including the back of hands and between fingers ○ Rinse with water ○ Dry thoroughly with single-use material, e.g. disposable paper towel ○ If manual taps are used, use a paper towel to turn off the tap to avoid recontamination If soap and water are not available, use an alcohol-based hand sanitiser that contains at least 70% alcohol ⚠ Avoid touching eyes, nose, or mouth with unwashed hands Always clean hands: <ul style="list-style-type: none"> ○ After going to the toilet ○ Before eating, drinking or smoking ○ After removing gloves ○ If hands are visibly dirty 	Supervisor



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			<ul style="list-style-type: none"> ○ After handling any potentially infectious material without gloves ○ After handling surfaces that are potentially infectious. 	
4. TRAINING - Equipment hygiene	<ul style="list-style-type: none"> • Infection transmission • COVID-19 infection • Burns 	4A	<ul style="list-style-type: none"> • All equipment must be kept thoroughly clean • Cleaning items that can be immersed in water: <ul style="list-style-type: none"> ○ Dismantle items and rinse in warm water ○ Wearing heavy-duty gloves, thoroughly scrub with hot water and soap or detergent ○ Rinse in hot water (not less than 70°C) and allow to dry • Cleaning items that cannot be immersed in water: e.g. electrical equipment: <ul style="list-style-type: none"> ○ Wear heavy-duty gloves ○ Clean with a clean cotton pad saturated with 70% w/w ethyl alcohol ○ Allow airing to dry. 	Supervisor and workers to follow control measures
5. Reporting possible COVID-19 infection	<ul style="list-style-type: none"> • Infection transmission • COVID-19 infection 	4A	<ul style="list-style-type: none"> • A WORKER MUST NOT PRESENT AT WORK IF: <ul style="list-style-type: none"> ○ You, or anyone you've been in close contact with, have travelled overseas in the last 14 days ○ You have been in close contact with someone with a confirmed case of COVID-19 ○ If you exhibit any COVID-19 symptoms • Report to your supervisor • Seek medical advice immediately <p>⚠ If a worker is diagnosed with COVID-19, they must not return to work until medically cleared to do so.</p>	Supervisor and workers to follow control measures
6. Arrival at site & performing the activity	<ul style="list-style-type: none"> • Infection transmission • COVID-19 infection 	4A	<ul style="list-style-type: none"> • Before attending the job, the supervisor will confirm the following: <ul style="list-style-type: none"> ○ Are you or anyone at the residence/workplace experiencing any of the following symptoms: <ul style="list-style-type: none"> ▪ Fever? ▪ Flu-like symptoms, such as coughing, sore throat and fatigue? ▪ Shortness of breath? ○ Have you, or anyone at the residence/workplace been in close contact with, travelled overseas in the last 14 days? ○ Have you or anyone at the residence/workplace been in close contact with someone with a confirmed case of COVID-19? ⚠ If upon arrival or during the task anyone exhibits COVID-19 symptoms report to supervisor and leave the site immediately ⚠ Workers must maintain good personal hygiene at all times 	Supervisor to confirm the presence of COVID-19 at the workplace and workers to follow control measures



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			<p><u>Social Distancing:</u></p> <ul style="list-style-type: none"> ○ Workers must follow social distancing rules ○ Remain at least 1.5 metres from other individuals wherever possible (1 person per 4 square metre rule) ○ Organise work to only have single people in small areas, e.g. rooms wherever possible ○ Do not shake hands or hug anybody ○ Avoid large gatherings ○ Hold essential meetings outside in the open air if possible ○ Use good hand and cough/sneeze hygiene at all times ○ Eat lunch outside rather than indoors if possible ○ Do not share food or drinks in the workplace <p>• <u>Ensure hands are washed:</u></p> <ul style="list-style-type: none"> ○ Before any work is undertaken ○ Before putting on and after removing gloves ○ After skin contact with blood or other body substances ○ After any activities, which may cause contamination of the hands and forearms, e.g. using the toilet ○ After leaving an area and then returning to resume the job ○ In any other circumstances when infection risks are apparent <p>• All disposable PPE must be changed after each use</p> <p>• Disposable PPE must never be washed or re-used.</p> <p>⚠ A worker MUST STOP WORK IMMEDIATELY if they start to experience symptoms and report to their supervisor.</p>	
9. On completion	<ul style="list-style-type: none"> • Infection transmission • COVID-19 infection 	4A	<ul style="list-style-type: none"> • Dispose of all cloths, paper towels and disposable PPE associated and wash hands thoroughly after every job. 	Supervisor and workers to follow control measures
10. Emergency response	<ul style="list-style-type: none"> • Infection transmission • COVID-19 infection 	4A	<ul style="list-style-type: none"> • <i>If experiencing serious symptoms such as shortness of breath: seek immediate medical attention by calling 000.</i> 	Supervisors and workers to follow control



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							measures
OVERALL RISK RATING AFTER CONTROLS			<input type="checkbox"/> 1 - Low	<input checked="" type="checkbox"/> 2 - MODERATE	<input type="checkbox"/> 3 - High	<input type="checkbox"/> 4 - ACUTE	



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PERMITS								<input type="checkbox"/> Not applicable <input type="checkbox"/> Hot Work <input type="checkbox"/> Confined Space <input type="checkbox"/> Local council <input type="checkbox"/> ? <input type="checkbox"/> ?							
PLANT & EQUIPMENT				HAZARDOUS SUBSTANCES				SUPERVISORY ARRANGEMENTS							
<input type="checkbox"/> Electrical tools and leads		Tested and tagged quarterly		<i>List hazardous substances taken on-site and have the SDS on-site.</i> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.				<input type="checkbox"/> Audits							
<input type="checkbox"/> Hand tools - Meet AS/NZS		Regular visual inspection						<input type="checkbox"/> Spot Checks							
<input type="checkbox"/> Ladders - Meet AS/NZS		Inspected and tagged out if damaged						<input type="checkbox"/> Reporting systems							
<input type="checkbox"/> Mobile plant- <i>specify</i>		Inspected and tagged out if damaged						<input type="checkbox"/> Suitably qualified supervisors for job							
<input type="checkbox"/> ?								<input type="checkbox"/> Direct on-site supervision							
<input type="checkbox"/> ?								<input type="checkbox"/> Remote site: communication systems/schedule							
<input type="checkbox"/> ?								SITE MANAGEMENT PLAN							
<input type="checkbox"/> ?								Is the work associated with a Construction Project? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> ?								<i>If yes – This SWMS must align with requirements of the Site Management Plan in place for the Construction Project.</i>							
<input type="checkbox"/> ?															
<input type="checkbox"/> ?															
<input type="checkbox"/> ?															
<input type="checkbox"/> ?															
<input type="checkbox"/> ?															
SWMS SIGN-OFF				This SWMS developed in consultation and cooperation with workers and relevant organisation representatives. I have read the above SWMS, and I understand its contents. I confirm that I have the skills and training, including relevant certification, to conduct the task as described. I agree to comply with safety requirements within this SWMS, including risk control measures, safe work instructions and PPE described.											
WORKERS' NAME	SIGNATURE	JOB ROLE / POSITION <small>E.G. SUPERVISOR, WORKER, TRAINEE</small>	DATE	WORKERS' NAME	SIGNATURE	JOB ROLE / POSITION <small>SUPERVISOR, WORKER, TRAINEE</small>	DATE								



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WORKERS' NAME	SIGNATURE	JOB ROLE / POSITION E.G. SUPERVISOR, WORKER, TRAINEE	DATE	WORKERS' NAME	SIGNATURE	JOB ROLE / POSITION SUPERVISOR, WORKER, TRAINEE	DATE