

INTERNAL MEMO

To: All Branches and Sub Contractors
BP and BP Reliance Sites

From: Steve Endor

Date: 20 June, 2011

Subject: **Important Paperwork Update and Job Instructions**

This memo applies to all technicians that service BP and BP Reliance Service Stations and other BP or BP Reliance sites.

All references to BP in this memo include BP Reliance sites.

Please make sure that all AIP Qualified technicians at your Branch read and acknowledge this memo by signing the accompanying distribution list and faxing back a copy of the distribution list to Steve Endor – 07 3275 1314

1. Every site visit at a BP site requires the completion of:
 1. The WPC Form (The revised name for the AIP Form)
 2. A SWMS – signed and dated by the technician
 3. Maintenance Safety Card (This is a new requirement – we have not been provided with this document as yet)

Copies of ALL these documents must be returned to National Accounts for completion of the work order and invoicing.

2. The WPC (AIP) Form has a box entitled “JSA Completed”

This box must **NOT be left blank**.

It must contain a reference to a JSA or Safe Work Method Statement (SWMS) that is completed for EVERY site visit on a BP site.

Completion of the AIP Paperwork “JSA Completed” needs to be correct.
(See Pages 2-4 of this memo).

What needs to be done is:

- Write in a **Reference Number** that is traceable to the specific job (e.g. EBS Job No or EBS Invoice Number) on the WPC (AIP) Form
 - A printed copy of the F264-1 Safe Work Method Statement must be attached to the Office Copy of the AIP Form. The F264-1 form should be updated with:
 - The **Reference Number** written on the AIP Form
 - **Signed and dated** on the last page
3. PPE. A reminder to make sure that while on BP sites you wear all:
 - 100% cotton uniform (no polyester blends)
 - Neck to Toe clothing (long sleeves and trousers)
 - Hard hat or bump cap
 - A hi-vis vest
 - Steel capped safety footwear

DO NOT use power gear or electrical devices on any BP site without getting required permits.

**If you have any questions, please contact Steve Endor (steve.endor@amalpest.com.au)
Mobile: 0419 649 987**

WORK CLEARANCE FORM



THIS FORM MUST BE COMPLETED BEFORE WORK COMMENCES (except for completion signatures)
IF WORK EXTENDS BEYOND ONE DAY, A NEW FORM MUST BE COMPLETED FOR EACH DAY

Contractor Company Name _____
Oil Company _____ Location Name _____
Job/Order No _____ Address _____
Work Description _____
Tools/Equipment to be used _____

Refer relevant Hazards Map and identify work location for completion of checklist. Tick below below
 Inside and outside hazardous areas within the site boundary Inside Office/Sales Building
 Complete Sections A, B, C Complete Sections A, C

Section A - Conditions
 The contractor is to check that all of the following conditions are acceptable.
 Write "YES/NO" when checked.
 * _____ All STATUTORY REGULATIONS applying to the job shall be complied with
 * _____ LPG or PETROLEUM PRODUCTS delivery into site storage tanks will not impact work
 * _____ FLAMMABLE or COMBUSTIBLE product and/or materials within 8 metres of work area will not impact work
 * _____ There is NO ENTRY into any EXCAVATION or PIT, or into any TANK or other Confined Space eg. tunnel, pit, sump etc.

If any NO answers the Contractor is to refer to the Client Company for permit or authorization.

Section B - Inside and Outside Hazardous Areas (refer to Hazards Map to verify)
 The contractor is to check that any device that can produce or cause a source of ignition will not be operated within the site boundary.
 Write "YES/NO" when checked:
 * _____ Electrical equipment (including all battery operated items such as cordless drills)
 * _____ Petrol driven devices
 * _____ Excavation equipment (retrofitted)
 * _____ Blow torches / soldering equipment
 * _____ Oxy-acetylene or electric welding equipment
 * _____ Matches / cigarette lighters
 * _____ Concrete cutting, breaking or drilling equipment
 * _____ Grinding equipment
 * _____ Any other device which can produce or cause a source of ignition

If any YES answers the Contractor is to refer to the Client Company for permit or authorization.

Section C - Precautions to be taken - All Work - Contractor must ensure the Work Area is Safe

YES	NO	Not Applicable
<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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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Precautions:
 All in accordance with statutory and client requirements
 ADDITIONAL PRECAUTIONS (to be completed by contractor if necessary)

JSA COMPLETED
 Reference No: _____

TIME ON SITE START TIME _____ AM / PM FINISH TIME _____ AM / PM
 * The contractor will observe the above conditions and precautions for work undertaken for this job.
 CONTRACTOR (Print Name): _____ CONTRACTOR (Print Name) _____
 Signed: _____ / _____ / _____ Signed: _____ / _____ / _____
 * The Site Operator or Manager acknowledges that this job will be undertaken, and witnesses the Contractor's signature.
 SITE OPERATOR/MANAGER: _____ (Print Name) SITE OPERATOR/MANAGER: _____ (Print Name)
 Signed: _____ / _____ / _____ Signed: _____ / _____ / _____
 COMMENTS: _____
 * Print name only if different from staff signature.

Works Copy to be sent with the contractor's invoice, if requested by the oil company. Blue Copy to be left at site. Green Copy to be filed by the contractor.

ea } All in accordance with statutory and client requirements

ADDITIONAL PRECAUTIONS
 (to be completed by contractor if necessary)

JSA COMPLETED
 Reference No _____

_____ AM / PM
 inh

Please DO NOT sign or initial this box.
 Enter a **Reference Number** that is **traceable to the job**.
 (It is recommended to use the EBS Job Number / Invoice Number - NOT "F264-1")

A JSA (F264-1 SWMS General Pest Management) should be **printed out** and **attached** to the Office Copy of the AIP Form.

The F264-1 Form needs to be completed with the following:

- **Reference Number** used on the AIP Form
- **Signed and dated** on the last page.

Safe Work Method Statement



General Pest Management (Residential, Commercial and Timber Pest)

Head Office:

Amalgamated Pest Control Pty Ltd
504 Boundary Road (PO Box 74)
Archerfield QLD 4108
Ph. 07 3373 7707 Fax. 07 3275 1314

Local Branch:

Reference Document:

This SWMS is to be read in conjunction with:

- AIP Form ID# _____
- Other: _____

Write the Reference Number from the WPC(AIP) Form here

Scope of Work (Description of work to be performed by Amalgamated Pest Control)

This **Safe Work Method Statement** covers all general pest management activities conducted by the Amalgamated Pest Control Group, including residential, commercial and the installation of termite management systems, excluding pre-construction.

Description of Activities to be Performed

Major Job Steps (Break down the job steps)	Potential Hazards (What can harm you?)	Risk Score Before Controls	Actual Risk	Risk Score After Controls	Possible Control Measures (Can this task be done safe)r?	Responsible Person
1. Arrival on site	<ul style="list-style-type: none"> Moving vehicles Access to site Client unaware of person on site 	Medium	<ul style="list-style-type: none"> Struck by mobile plant/moving vehicles Impeding flow of traffic and interfering with clients operation Damage to own/other vehicles Exposed to hazardous situation Poor service arising from poor communication 	Low	<ul style="list-style-type: none"> High visibility clothing Park in appropriate areas Advise client of presence on site and vehicle location if no designated parking Display your identification Sign into Site Visitor's Log Book and obtain site VISITOR'S Tag if required 	Technician on site
2. Site Inspection (Internal & external)	<ul style="list-style-type: none"> Vehicles/mobile plant (forklift) Falling objects Slip/trips and falls Hitting objects Gravity Hazardous substances Noise Biological factors 	Medium	<ul style="list-style-type: none"> Struck by mobile plant/vehicles Struck by objects Falls/injuries Excessive noise exposure/hearing loss Insect bite/sting 	Low	<ul style="list-style-type: none"> High visibility vests/clothing Appropriate P.P.E.(including hard hat) where necessary Long sleeves and trousers Sturdy boots in good condition Ensure others on site are aware of your presence 	Technician on site

Safe Work Method Statement



General Pest Management (Residential, Commercial and Timber Pest)

Equipment that may be used:		
List any plant, equipment, personal protective equipment that may be required for this activity (including all pest control equipment):		
<input checked="" type="checkbox"/> Earth leakage circuit breaker	<input checked="" type="checkbox"/> Compressor	<input checked="" type="checkbox"/> Hand Puffer
<input checked="" type="checkbox"/> Dusting Machine	<input checked="" type="checkbox"/> Electric Drill	<input checked="" type="checkbox"/> Back Pack Mister
<input checked="" type="checkbox"/> Amalga-mister	<input checked="" type="checkbox"/> Ladder	

Personal Protective Equipment that may be used		
<input checked="" type="checkbox"/> Dust mask/Full face/half face respirator	<input checked="" type="checkbox"/> Face shield/goggles	<input checked="" type="checkbox"/> Overalls
<input checked="" type="checkbox"/> Hearing protection (ear plugs/ear muffs)	<input checked="" type="checkbox"/> Impervious gloves	<input checked="" type="checkbox"/> Moisture resistant boots

Substances to be used (M.S.D.S. to be provided)

All substances used by Amalgamated Pest Control are registered and approved for use for pest management activities and are applied according to the manufacturer's instructions and label directions. A current Material Safety Date Sheet must be presented upon request.

S.W.M.S. Approval

This Safe Work Method Statement has been prepared and approved by Amalgamated Pest Control Pty Ltd and is to be reviewed by the Compliance Manager and Technical Team every 12months.

Make sure the last page is completed, signed and dated

Additional Information

This Safe Work Method Statement has been developed by Amalgamated Pest Control to ensure that the majority of risks have been identified for the type of work being performed. If there are hazards/risks present that have not been identified, it is important that these are identified and assessed using a Site Specific SWMS (F264-4) and the Risk Matrix tool (F264-3)

S.W.M.S. Check (Where required by external Client)

Verified By (Name): _____ Signature _____ Date _____

A copy of this completed SWMS must be sent back to APC with the WPC (AIP) Form for EVERY site visit.