

## 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**

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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](mailto:steve.endor@amalpest.com.au))  
Mobile: 0419 649 987**



# 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"> <li>Moving vehicles</li> <li>Access to site</li> <li>Client unaware of person on site</li> </ul>	Medium	<ul style="list-style-type: none"> <li>Struck by mobile plant/moving vehicles</li> <li>Impeding flow of traffic and interfering with clients operation</li> <li>Damage to own/other vehicles</li> <li>Exposed to hazardous situation</li> <li>Poor service arising from poor communication</li> </ul>	Low	<ul style="list-style-type: none"> <li>High visibility clothing</li> <li>Park in appropriate areas</li> <li>Advise client of presence on site and vehicle location if no designated parking</li> <li>Display your identification</li> <li>Sign into Site Visitor's Log Book and obtain site VISITOR'S Tag if required</li> </ul>	Technician on site
2. Site Inspection (Internal & external)	<ul style="list-style-type: none"> <li>Vehicles/mobile plant (forklift)</li> <li>Falling objects</li> <li>Slip/trips and falls</li> <li>Hitting objects</li> <li>Gravity</li> <li>Hazardous substances</li> <li>Noise</li> <li>Biological factors</li> </ul>	Medium	<ul style="list-style-type: none"> <li>Struck by mobile plant/vehicles</li> <li>Struck by objects</li> <li>Falls/injuries</li> <li>Excessive noise exposure/hearing loss</li> <li>Insect bite/sting</li> </ul>	Low	<ul style="list-style-type: none"> <li>High visibility vests/clothing</li> <li>Appropriate P.P.E.(including hard hat) where necessary</li> <li>Long sleeves and trousers</li> <li>Sturdy boots in good condition</li> <li>Ensure others on site are aware of your presence</li> </ul>	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.**