

AOS F264-4 Site Specific SWMS (When additional hazards are present - Refer F264-3 Risk Matrix Site Specific SWMS)

Local Branch Details:		Client Contact Details:	
Manager Name:		Company:	
Address:		Address:	
Phone:		Site Contact:	
A/H Contact:		Phone:	

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

Description of Activities to be Performed						
Job Steps (Break down the job steps)	Potential Hazards (What can harm you?)	Risk Score Before Controls	Actual Risk	Risk Score After Controls	Control Measures (What can you do to make the job safer?)	Person Responsible

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

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Personal Protective Equipment

<input type="checkbox"/> Dust mask/Full face/half face respirator	<input type="checkbox"/> Moisture resistant boots
<input type="checkbox"/> Hearing protection (ear plugs/ear muffs)	<input type="checkbox"/> Overalls
<input type="checkbox"/> Face shield/goggles	<input type="checkbox"/> Other:
<input type="checkbox"/> Impervious gloves	<input type="checkbox"/> Other:

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

Product Name:	Hazardous According to Work Safe Australia?	Current M.S.D.S. Supplied to Client (All chemicals to used must have current M.S.D.S.)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personnel responsible for carrying out work in accordance with this S.W.M.S.

Worker's Name	Position	Skills and Competencies (i.e. Licenses, qualifications etc...)	Worker Duties-Responsibilities	Worker's Signature (I have read and understood the contents of this SWMS)	Date

S.W.M.S. Approval

Prepared By (Name): _____ Signature _____ Date _____

Approved By (Name): _____ Signature _____ Date _____