

Electrical Isolate Lockout Tes	t And Tag SAFE WORK N	IETHOD STATEMENT (SWMS	5)
TASK OR ACT	ΓΙ VITY: Electrical Isolate Locko ut	Test And Tag	
Business Name: [Company Name]		ABN: [ABN]	SWMS#
Business Address: [Company Address]			
Contact Person:	Phone: [Phone]	E ail:	
THIS SAFE WORK METHOD	STATEMENT IS APPROVED BY	THE PL J OF THE PROJECT	
Under the Work Health and Safety Regulation (WHS Regulation), a person conduct the proposed work starts.	cting a business or undertaking (N 3U) is	required to ure at a safe work method s	tatement (SWMS) is prepared before
Full Name:			
Signature:		Title:	Date:
Details of the person(s) responsible for ensuring implementation, monitoring a	ompliance of the SWMS well as review	s and modifications of the SWMS.	
Full Name:		Title:	Phone:
ALL PERSONNEL PARTICIPATING IN ANY ACTIVITY ON THIS VMS. ST HAVE THE FOLLOWING COMMUNICATED	N. 1E AND DATED SIGNATURE OF A CO. MUNICATED TO IN THE DEVELO	LL RELEVANT PERSONNEL WHO HAVE BI PMENT AND APPROVAL OF THIS SWMS	EEN CONSULTED AND
Safety meetings or toolbox talks will be sched ed in accordance with egislative requirements to first identify any site hazards, conditions those hazards and then to further take steps to either the conditions of the conditions are or conditional talks.	NAME	SIGNATURE	DATE
If an incident or a near miss occurs, all work must steam ately. Depending on the severity of the incident, a meeting will be called with all workers to amend the SWMS if required. The meeting may also be an educational opportunity.			
Any changes made to the SWMS after an incident or a near miss must be approved by the Person Conducting Business or Undertaking and communicated to all relevant personnel.			
The SWMS must be kept and be available for inspection at least until the work is completed. Where a SWMS is revised, all versions should be kept. If a notifiable incident occurs in relation to which the SWMS relates, then the SWMS must be kept for at least two years from the occurrence of the notifiable incident.			



		CLI	ENT OR PRINCIPAL	CONTRACTOR D	ETAILS				
Client:						SCOPE OF WORKS			
Project Name:					Provide a detailed description of the specific work being carried out (otherwise				
Project Address:				known as cope of works).					
Project Manager:									
Contact Phone:									
Project Manager Sig	nature:								
Date SWMS supplie	d to Project Manager:								
		ANY HIGH-	RISK CON PUCT	N' JRK BEING	CARRIED OUT				
☐ involves a risk of a pe	erson falling more than 2 m	neters.		is carried out on or near pressurised gas mains or piping.					
is carried out on a tel	ecommunication tower.	`	M + M	is carried out on	or near chemical, fuel or refrig	erant lines.			
☐ involves demolition o	f an element of a structure	that is load-be n.		is carried out on or near energised electrical installations or services.					
☐ involves demolition o	f an element related to the	physical integrit of a str	3.	is carried out in an area that may have a contaminated or flammable atmosphere.					
☐ involves, or is likely to	o involve, disturbing a	tos.		involves tilt-up or precast concrete.					
involves structural alt	eration or repair that re	upp to p	prevent collapse.	is carried out on,	, in or adjacent to a road, railwa	ay, shipping lane or other to	raffic corridor.		
is carried out in or ne	ar a confined space.			is carried out in a	an area of a workplace where t	here is any movement of p	owered mobile plant.		
is carried out in/near	a shaft or trench deeper th	nan 1.5m or tunnel involvin	g use of explosives.	is carried out in a	areas with artificial extremes of	temperature.			
is carried out in or ne	ar water or other liquid tha	t involves a risk of drowning	ng.	☐ involves diving w	vork.				
		ANY HI	IGH-RISK MACHINER	RY OR EQUIPMEN	IT NEARBY				
Forklift	☐ Crane/s	☐ Hoist/s	☐ Excavator	☐ Backhoe/Loader	☐ Boom Lift	☐ EWP	☐ Genie Lift		
☐ Trencher	☐ Drilling Rig	☐ Trucks	Formwork	☐ Bobcat	☐ Flammable Gas	☐ Fuel	☐ Dozer		
☐ High Voltage	☐ Mulcher	☐ Tilt-up Panels	Roller	☐ Scissor Lift	☐ Tractor	Other -			





PERL NAL TECTIVE EQUIPMENT (PPE)

FOOT PROTECTION	HAND PROTECTION	HEAD PROTECTION	HEARING PPOTECTION	PROTE	SPIRATORY P STECTION	FACE PROTECTION	HIGH-VIS CLOTHING	PROTECTIVE CLOTHING	FALL PROTECTION	SUN PROTECTION	HAIR/JEWELLERY SECURED
			A								

Select me appropriate PPE above suitable for the equipment used or the job task being performed (if applicable).

Note: A SWMS must be reviewed regularly to make sure it remains effective. A SWMS must be reviewed (and revised if necessary) if relevant control measures are revised. The review process should be carried out in consultation with workers (including contractors and subcontractors) who may be affected by the operation of the SWMS and their health and safety representatives who represented that work group at the workplace.

When a SWMS has been revised, the person conducting a business or undertaking must ensure all:

- 1. persons involved in the work are advised that a revision has been made and how they can access the revised SWMS;
- 2. persons who will need to change a work procedure or system as a result of the review are advised of the changes in a way that will enable them to implement their duties consistently with the revised SWMS: and.
- 3. workers that will be involved in the work are provided with the relevant information and instruction that will assist them to understand and implement the revised SWMS.



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR	RESPONSIBLE PERSON
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK	NAME OF PERSON
1. Preparation	Exposure to live electrical parts, Inadequate working area		 Training and Competence: Ensure all workers involved in the task have received appropriate training in electrical safety, lockout proceures, and proper use of test and tag equipment. This should include hazard intentication and awareness of potential risks, as well as comprehensively understanding the control measures being implemented. Proper Tools and Equipment: Utilise insulate tool suckout devices, and Personal Protective Equipment (PPE) designed specification of safe isolation and testing of electrical systems. By using the correct equipment workers of more effectively reduce the risk of contact with a electrical parts. Verification of Dougland Star Following isolation of power sources, perform testing to verify out equipment is in a ed de-energised before commencing work. Confirming in electrical cult in this prompt called prevent accidental electrocution. Clera York Ahas: Marsian a clutter-ingrand organised working environment in order on imise or azards, confusion, or crowding around electrical panels, which but lead to incidental contact or interference with the established precaulins. Lockor Y Tag at Productre: Implement a strict lockout/tagout process that requires and mental ingraph as a communication between all workers invoided in the project, insuring it status of all energy sources is known and controlled at all times. Idequate Lighting: Provide sufficient lighting in the workspace to ensure that wo lers can easily identify potential hazards, see what they're doing, and enhance their visual acuity while carrying out tasks related to isolating, locking out, testing, and tagging. Warning Signs: Clearly display warning signs to inform workers and bystanders of electrical hazards in the area, along with instructions regarding necessary precautions to avoid accidents or injury. Periodic Inspections: Regularly inspect the work area, lockout devices, and tags to ensure they remain intact and functional throughout the project durati	1L	



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			- Safe Work Method Statement (SWMS): Before commencing electrical work, complete a thorough SWMS that addresses potential hazards, risks, and control measures specific to the job site and situation. Commenciate the contents of the SWMS to all team members and strictly adherence guidelines throughout the project.		
2. Identify isolation points	Incorrect identification of isolation poin Miscommunication with other workers	31	 Clearly label all isolation points to ensure constitution and minimise the risk of errors. Provide comprehensive trains a for workers on its stifying to appropriate isolation points within the workplace. Conduct regulate quipmen inspections to ensure all isolation points are properly marked and rectioning as sended. Implement a sailed phothat outline to sequence of tasks required to isolate, lock to st, and no sen electrical isolation point. Designate to composite person, such as a qualified electrician or supervisor, to verify the proper identification of electrical isolation points. Establing a longut/tageut (LOTO) system with clearly defined procedures that the fersion before accessing electrical systems. Ensure that lines of communication among workers by implementing regular team liefings, solbox talks, or other forms of communication. In use signage, barricades, or warning devices to alert other workers about ongoing work at isolation points and controlled areas. Develop and maintain a comprehensive isolation log that documents each completed action and provides real-time information to all workers. Implement a "Permit to Work" system, requiring those carrying out the task to obtain authorization from management or supervisors. Encourage workers to continuously update their colleagues on the status of the isolation process, especially during shift handovers or other critical moments. Create an accessible repository of workplace diagrams, schematics, and maps highlighting isolation points for easy reference by workers. Perform regular audits and inspections of the lockout/tagout process, ensuring compliance and effectiveness in mitigating risks associated with isolation points. Foster a positive safety culture within the workplace by valuing open discussion and feedback, empowering employees to voice concerns and suggestions regarding the isolation process or any identified hazards.	2M	
3. Isolate the equipment	Unauthorised access to isolation point, Insufficient isolation methods	3H	- Clearly communicate and establish a proper isolation plan involving all relevant personnel, such as electricians, operators, and supervisors, to ensure complete understanding of the procedure.	1L	



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			- Implement proper safety signage at the isolation points, including warning signs, lockout symbols, and access restrictions, to prevent unauthorised access.		
			- Use standardised lockout padlocks and devices the cure all isolation points, with a unique key for each lock to eliminate the possitive of accidental unlocking by another person.		
			- Properly de-energise the equipment before a isolar process begins, using appropriate personal protective equipment (Physical following standard operating procedures.		
			- Utilise a written 'permit to wo, system that details e it ation process, specific authorization levels and sy new sary safety precautions.		
			- Provide company densive to hing out to lation mounds, lockout/tagout procedures, and company olicies related to the control of azardous energy sources to all relevant employees.		
			- Reg : hinspe chation points and lockout devices to ensure that they remain in good to record to and provide adequate protection.		
			- Period ally view a supdate isolation plans and procedures to reflect changes in quipme i, processes, or workplace configurations.		
			- Deploy and maintain an up-to-date list of authorised personnel who are permitted to acceptation points and implement lockout/tagout procedures.		
			tilise a formal handover process when transferring responsibility for the control of is a tion points between workers or between shifts.		
			Consider implementing additional isolation measures, such as barriers, guards, or interlocks, to further enhance equipment security and reduce the risk of unintentional re-energizational accidents.		
			- Establish a clear communication system, such as regular meetings or toolbox talks, to reinforce isolation procedures and reinforcing awareness among employees of their importance.		
			- Conduct periodic audits and assessments of the company's lockout/tagout programme to identify potential shortcomings and areas for improvement.		
			- Encourage a transparent reporting culture that allows employees to report any issues or concerns related to equipment isolation without fear of retribution, enabling management to identify and rectify potential problems early.		
4. Lockout devices installation	Incompatible lockout devices, Defective lockout devices	2M		1L	



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5. Tagging system implementation	No tagging procedures in place, Incomplete information on tags	3Н		1L	



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		RISA		RISK	



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SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK	NAME OF PERSON
6. Verification of isolation	Failure to verify proper isolation, Overlooking warning signs	4A		2M	



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7. Testing for dead	Faulty testing equipment, Working on improperly isolated equipment	4A		2M	



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8. Securing work area	Inadequate signage, Light distribution of tools and equipment			1L	



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9. Perform required maintenance or repair	Unexpected energy ation, Unsefected usage	ЗН		1L	



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10. Restore power to equipment	Failure to remove lockout/tagout devices, Inadequate pre-start checks	ЗН		1L	



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11. Confirm functionality	Incorrect reassembly, Damaged components during repair	2M		1L	



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12. Communicate completion	Failure to inform all affect of personel, Miscommunication about accompletion	2M		1L	



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	5				



EMERGENCY RESPONSE – CALL 000 FOR EMERGENCIES

Ensure to have an Emergency Management Plan in place as well as adequate numbers of trained first aid staff with easy access to fully stocked first aid kits, rescue equipment, material safety data sheets, adequate access to emergency communication equipment and fire-fighting equipment suitable for all classes of fire and ignition sources.

LEGISLATIVE REFERENCES

RELEVANT LEGISLATION AND CODES OF PRACTICE. DELETE THE LEGISLATIVE REFERENCES. ANY STATE OF AT ARE NOT APPLICABLE.

Queensland & Australian Capital Territory

Work Health and Safety Act 2011

Work Health and Safety Regulations 2011

 $\underline{\textbf{Legislation QLD:}} \ \underline{\textbf{https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws}}$

Codes of Practice QLD: https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice Legislation ACT: https://www.worksafe.act.gov.au/laws-and-compliance/acts-and-regulations

Codes of Practice ACT: https://www.worksafe.act.gov.au/laws-and-compliance/codes-of-practice

New South Wales

Work Health and Safety Act 2011

Work Health and Safety Regulations 2017

Legislation NSW: https://www.safework.nsw.gov.au/legal-obligations/legislati

Codes of Practice NSW: https://www.safework.nsw.gov.au/resource-library/lis > odes-or racti

Northern Territory

Work Health and Safety (National Uniform Legislation) Act 2011

Work Health and Safety (National Uniform Legislation) Regulation 201

Legislation NT: https://worksafe.nt.gov.au/laws-and-compliance/wo_place-

Codes of Practice NT: https://worksafe.nt.gov.au/5

South Australia

Work Health and Safety Act 2012 (SA)

Work Health and Safety Regulations 2012 (SA)

Legislation for SA: https://www.safework.sa.gov.au/resources/le_lation

Codes of Practice for SA: https://www.safework.sa.gov.au/work_aces/codes-of-practice#COPs

Tasmania

Work Health and Safety Act 2012

Work Health and Safety (Transitional and Consequential Provisions) Act 2012

Work Health and Safety Regulations 2012

Work Health and Safety (Transitional) Regulations 2012

Legislation for TAS: https://worksafe.tas.gov.au/topics/laws-and-compliance/acts-and-regulations

Codes of Practice for TAS: https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice

Details of permits, licenses or access required by regulatory bodies (add or delete as required):

- Permits from local council
- Authorisation to commence work
- Any required documents.

Victoria

Occupational Health al. Safety Act

Occupational Health and afety gulations 2017

Legis on VIC: https://www.xsafe.vic.gov.au/occupational-health-and-safety-act-and-

<u>Julai.</u>

des on actice VI autros://www.worksafe.vic.gov.au/compliance-codes-and-codes-practice

Western Australia

Work Health and Safety Act 2020

Work Health and Safety Regulations 2022

Legislation Western Australia: https://www.commerce.wa.gov.au/worksafe/legislation

Codes of Practice WA: https://www.commerce.wa.gov.au/worksafe/codes-practice

Safe Work Australia Links

Law and Regulation (All States): https://www.safeworkaustralia.gov.au/law-and-regulation Model Codes of Practice: https://www.safeworkaustralia.gov.au/resources-publications/model-codes-of-practice

Model Codes of Practice

- Managing noise and preventing hearing loss at work
- Confined spaces
- Labelling of workplace hazardous chemicals
- Managing risks of hazardous chemicals in the workplace
- Welding processes
- First aid in the workplace
- Managing the risk of falls at workplaces
- Hazardous manual tasks
- Managing the risk of falls in housing construction
- Managing electrical risks in the workplace
- Demolition work
- Excavation work
- Work health and safety consultation, cooperation and coordination
- Managing the work environment and facilities
- How to manage work health and safety risks
- Managing risks of plant in the workplace
- Construction work



SIGNATORIES OF THE SAFE WORK METHOD STATEMENT

The signed and dated personnel listed below have cooperated in the consultation and development of this Safe Work Method Statement which has been approved by the Person/s Conducting a Business or Undertaking (PCBU). In signing this Safe Work Method Statement each individual acknowledges and confirms that they have read this SWMS in full, having raised any questions for items on this Safe Work Method Statement that require clarification, and confirms that they are competent, skilled and knowledgeable for the task assigned to them. Every person acknowledges that they have received the relevant training and qualifications where required, before carrying out any work contained in this Safe Work Method Statement. By signing this Safe Work Method Statement each individual agrees to work safely, to follow any safe work instructions which are provided, and agrees to use all Personal Protective Equipment where appropriate.

Worker Name	Pos	sition	Signature	Date	Time	Supe	ervisor
				Date:			
				Date			
				L te:			
			AV	Date:			
				Date:			
				Date:			
				Date:			
		SAF WC A	STATEMENT	MONITORING AND R	EVIEW		
The SWMS must be reviewed regularly to reak sure it remains effective and must be reviewed (and revised if necessary) if relevant control measure are a subcontractors and subcontractors and subcontractors) who may be affected by the operation of the SWMS and their health and safety representatives who researched that work group at the workplace. When the SWMS has been revised the PCBU must ensure that all persons involved with the work are advised that a revision has been made and how they can access the revised SWMS, including all persons who will need to change a work procedure or system as a result of the review are advised of the changes in a way that will enable them to implement their duties consistently with the revised SWMS. All workers that will be involved in the work must be provided with the relevant information and instruction that will assist them to understand and implement the revised SWMS.				The SWMS must be monitored regularly for the effectiveness of ensuring hazard controls are effective in reducing the risk of incidents, keeping the workplace safe for all personnel. The person responsible for monitoring the effectiveness of the Safe Work Method Statement should employ a multi-faceted approach which includes but is not limited to: 1. Spot Checks. 2. Consultation with workers, contractors and sub-contractors. 3. Internal audits on a continual basis. An approach of continuous improvement, promptly recording inconsistencies or deficiencies, followed up by immediate corrective action and consultation with all relevant personnel ensures that the PCBU is consistently developing ever-improving systems of safe work principles.			
REVIEW NUMBER	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7
NAME							
INITIALS							
DATE							



SAFE WORK METHOD STATEMENT REVIEW CHECKLIST

This Safe Work Method Statement Review Checklist is to be followed and used upon initial development of the SWMS to help ensure that all steps have been adequately taken before work commences. Think of this document as an internal audit review checklist before commencing work, and may form part of a Toolbox Talk (safety meeting) and may be used as an opportunity for education and training.

ITEMS WHICH MUST BE INCLUDED IN THE SWMS	COMPLETED	TO BE DONE	COMMENTS
The company details have been entered, including the project name and address.			
Names and signatures of all relevant personnel consulted during the development of the SWMS.		P P	
Name, signature, position and date signed of the person approving the SWMS.			
Specific personnel and qualifications, experience is noted in the SWMS.	P		
Provides a step-by-step process of tasks required to carry out the activity or task.			
Adequate risk assessment of any identified hazards has been completed.			
Foreseeable hazards are identified and documented for each step.			
Any hazards listed in any site risk assessments have been added to the SWh			
SWMS initial risk (IR) column as well as residual risk (RR) columns completed.			
Check control measures added to the SWMS are the most effecting so tions.			
Responsible person is assigned and listed on the SWMS for the imperent of continue assures.			
Permit requirements specified, such as Hot Work, Veralt Heights etc.			
SWMS identifies plant and equipment to be u d.			
Details of inspection checks required for any equipment listed are noted on the SWMS.			
Describes any mandatory qualifications, experience raining skills required to perform the work.			
Applicable personal protective equipment is selected on the SWMS.			
Lists any required permits or licenses.			
Reflects and documents any legislative references and/or Australian Standards.			
dentifies any hazardous substances used with specific control measures in line with any SDS.			
REVIEWED BY	DATE R	EVIEWED	
SIGNATURE	DATE CO	MPLETED	