

Overhead Crane	Overhead Crane SAFE WORK METHOD STATEMENT (SWMS)						
TA	ASK OR ACTIVITY: Overhead Cra	ne					
Business Name: [Company Name]		ABN: [ABN]	SWMS#				
Business Address: [Company Address]							
Contact Person:	Phone: [Phone]	E fil:					
THIS SAFE WORK METHOD	STATEMENT IS APPROVED BY	THE POST 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 ture 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 conditionally as a condition of the conditions of	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.							



	CLIENT OR PRINCIPAL CONTRACTOR DETAILS										
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 NO 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.		$H \cap H$	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, railway, shipping lane or other traffic corridor.							
is carried out in or ne	ar a confined space.			is carried out in an area of a workplace where there is any movement of powered 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	Poor site conditions, overhead obstructions	2M	 Conduct a thorough risk assessment of the site, including identifying any overhead obstructions and evaluating their potential impact on than experitions. Implement a site-specific safety plan which are esses potential hazards and outlines clear guidelines and protocols for the experiment of follow during set up and operation of the crane. Ensure all personnel are adequately trained as if impetent in crane operation, rigging, slinging, and signaline practices requires or safe operation in accordance with relevant Australian Stant as and Codes of hastice. Establish a designation cluster zone around the codes operating area to prevent unauther and accordance nand minise the right of collision or contact with other workers, matches, or equil ment. Develop a clust communication system as ween crane operators, signallers, and other to ters in the rest of the lifting process. This may include verbal communication, hand to be a cluster in actions to assess the integrity of supporting ground conditions, and read occurrences. Schedule in the communication to assess the integrity of supporting ground conditions, tan in into an ount variations due to weather, water accumulation, or branges a load bresses. Adjust crane setup as needed to maintain safe working conditions, inclement weather, or the time of day. Utilises propriate lighting and signage to warn workers of the presence of the strhead crane, especially in areas where visibility may be limited due to site conditions, inclement weather, or the time of day. Incorporate the use of spotters and/or outriggers to assist in guiding the crane's movements during operation, ensuring no accidental contact is made with overhead obstructions. Ensure proper maintenance, inspection, and testing of the crane and all rigging equipment in accordance with manufacturer's recommendations and relevant Australian Standards, and maintain accurate records of these inspections and tests. Regularly rev	1L	
2. Inspection	Pinch points, electrical hazards	зн	 Regular inspection and maintenance of overhead cranes, ensuring all moving parts are in good condition to minimise pinch point hazards. Clearly labeling and marking pinch points on the machinery so that workers are aware of these areas and can avoid them when operating or performing maintenance. Implementing a lockout/tagout system to ensure equipment is properly deenergised before maintenance or repair work is carried out, thus reducing electrical hazards. 	1L	



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SPECIFIC WORK STEPS	MAZARUS IMAI MAY ARISE	RISK	 Providing comprehensive training to operators on safe crane operation, with particular focus on avoiding pinch points and dealing with potential electrical hazards. Installing adequate guarding around all pinch ants and hazardous areas to prevent accidental contact by workers. Ensuring all power sources and electrical contection are properly grounded and insulated to minimise the risk of electrical shoot. Creating well-defined zone a undaries for works around the grane's operating areas to limit access and reduce exposure to identical the ards. Ensuring that operators and man anance personnel wear appropriate personal protective equitation (PPE) such as alloves, safe aglasses, and steel-toed boots to mitigate the arcs associate with pinchologic and electrical hazards. Correcting prochiff in sections and variethroughs to identify any potentially unsafe 	RISK	NAME OF PERSON
			condition includes a sible pinch points and electrical hazards, before they become a sixue. - Develoring the pergent procedures for responding to incidents involving pinch points of electrical hazards, including first aid and emergency shutdown procedures. - Proposition a strong safety culture within the workplace, encouraging employees to report the other transfer of the safety encounter while operating or maintaining overhead anes. - Including review and updates of the Safe Work Method Statement (SWMS), including hazard identification and control measures relating to pinch points and electrical hazards. - Holding toolbox talks and safety meetings to educate the workforce about the		
			hazards related to overhead cranes, particularly pinch points and electrical hazards, and effective ways to mitigate those risks. - Establishing clear lines of communication and responsibility among crane operators, maintenance personnel, and supervisors to ensure that potential hazards are identified and controlled effectively.		
3. Assembly	Falling objects, load shifting	4A	 Proper PPE: Ensure that all workers involved in the assembly process wear appropriate personal protective equipment, such as helmets, safety goggles, gloves, and steel-toed boots to minimise injury risks from falling objects or load shifting. Rigging Inspections: Thoroughly inspect and maintain all rigging equipment used for lifting loads, including slings, shackles, chains, and hooks, ensuring they are in good condition and safe for use. 	2M	
			- Load Stability: Before lifting any loads with the overhead crane, carefully inspect each load and its dimensions to ensure it is stable, balanced, and properly secured to prevent shifting during the assembly process.		



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			- Crane Capacity Check: Always verify that the overhead crane's maximum capacity is adequate for the intended load weight and ensure that this limit is not exceeded at any point during the assembly process.		
			- Proper Lifting Techniques: Train and enforce over lifting techniques among all Workers involved in the assembly process a milighting the importance of keeping the load close to the body and using leg municipalities instead of the back when lifting manually.		
			- Exclusion Zones: Clearly mark and enforce exception zones and the assembly area, prohibiting unauthorises around from accepting the least or reduce risk exposure from falling objects are load shifting.		
			- Communication otoco, aplen t a clear and effective communication protocol for onsite we are during the entire commands, it way radio mmunication and signals.		
			- Pre ambly refire conduct a comprehensive pre-assembly briefing session with a horizontal red in the project to discuss potential hazards, control measures, onergen procedures, and any other health and safety considerations related the sk.		
	7		the ffect aness rigging arrangements and ensure the crane is functioning proper nout overloaded conditions. The ffect aness rigging arrangements and ensure the crane is functioning proper nout overloaded conditions.		
			pt stial incidents involving falling objects or load shifting, such as first aid and rescue procedures or contacting emergency services.		
			- Regular Monitoring: Assign supervisors to continuously monitor the assembly process and proactively address any observed hazards, ensuring quick resolution and adherence to established safety guidelines.		
			- Continuous Learning: Conduct regular assessments of the implemented control measures to identify areas for improvement, adapting safe work practices as necessary, and promoting a culture of continuous learning and safety awareness within the workplace.		
4. Lifting	Overloading, load swing	3H		1L	



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5. Moving Load	Collision with people/objects, uncontrolled motion	4A		2M	



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6. Positioning	Crushing, improper rigging	ЗН		1L	



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7. Elevating Personnel	Worker falls, equipment failure	4A		2M	



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8. Final Check	Communication breakdowns, unchecked loads/rigging	3H		1L	



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9. Disassembly	Rigging issues, instability	4A		2M	



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10. Maintenance	Incorrect procedures, hazardous substances	3H		1L	



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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	
11. Site clean-up	Slips, trips and falls incorrect waste disposal	2M		1L		



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12. Documentation	Incomplete inform on, miscommunication	2M		1L	



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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

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

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 2011

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

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/legislation

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 affety gulations 2017

Legis on VIC: https://www.safe.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 rake sure it remains effective and must be reviewed (and revised if necessary) if relevant control measurements are subcontracted by the operation of the SWMS and their health and safety representatives who redesented 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	