

Safe Work Method Statement



SECTION 1: Overview

SWMS title:	Off Road Vehicle Operation	SWMS No.:	001
Description of task/job/activity:	Operation of off road vehicles including quad and motorbikes and ATV/UTV (side by side vehicles) Excludes 4WD vehicle off-road use	Revision No: <i>(refer to section 8)</i>	0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>
Project / Job name:	Hattah Desert Race 2018	Project / Job address or location:	Booononar Road Colignan
Note: SWMS to be used with: <i>Official briefing; Take 5, Equipment pre-start, SWMS Plan & Mobilise, Emergency Management Plan.</i>		Date: <i>(Review 12 mthly)</i>	3/7/18
Scope	This SWMS applies to all volunteers and contractors engaged in work activities referred to in this SWMS regardless of location.		

Your business details:














Business name:	North West Victorian Motorcycle Club – Hattah Desert Race	Company contact name:	Murray Follett	Address:	PO Box 2277 Mildura Vic 3502
Contact number:	0419 346 961	Company contact position:	Chairperson		
Supervisor name:		Supervisor contact number:		ACN / ABN:	52 650 953 556

Principal Contractor Details: *(tick please)* → **Applicable:** *(if applicable please complete below)* **Not applicable:**

Site supervisor name:		Site supervisor number:		Signature:	
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A PPE required: (if you tick any of the boxes below then workers must be made aware of site requirements)							
<input type="checkbox"/> Eye protection	<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Dust mask	<input type="checkbox"/> Respirator	<input type="checkbox"/> Face shield	<input type="checkbox"/> Welding	<input type="checkbox"/> Safety harness	
 Safety glasses: <input type="checkbox"/> Safety goggles: <input type="checkbox"/>	 Ear muffs: <input type="checkbox"/> Ear plugs: <input type="checkbox"/>	 P1 type: <input type="checkbox"/> P2 type: <input type="checkbox"/> Other: <input type="checkbox"/>	 Half face respirator: <input type="checkbox"/> Full face respirator: <input type="checkbox"/> SCBA: <input type="checkbox"/> Other: <input type="checkbox"/>	 Low impact: <input type="checkbox"/> Medium impact: <input type="checkbox"/> High impact: <input type="checkbox"/>	 Welding mask: <input type="checkbox"/> Welding apron: <input type="checkbox"/> Welding gloves: <input type="checkbox"/> Welding respirator: <input type="checkbox"/>	 Full body: <input type="checkbox"/> Confined space: <input type="checkbox"/> Restraint: <input type="checkbox"/>	
<input type="checkbox"/> Head protection	<input type="checkbox"/> Protective clothing	<input type="checkbox"/> Hand protection	<input type="checkbox"/> Foot protection	<input type="checkbox"/> Hair protection	<input type="checkbox"/> Safety vest	<input type="checkbox"/> Other	
 Helmet: <input checked="" type="checkbox"/> Wide brim hat: <input type="checkbox"/> Cap lamp: <input type="checkbox"/> Bump cap: <input type="checkbox"/>	 Long sleeves/pants: <input checked="" type="checkbox"/> Coveralls: <input type="checkbox"/> High vis clothing: <input checked="" type="checkbox"/>	 Rubber gloves: <input type="checkbox"/> Cut resistant: <input type="checkbox"/> Heat resistant: <input type="checkbox"/> Anti-vibration: <input type="checkbox"/> Other: <input checked="" type="checkbox"/>	 Steel capped: <input type="checkbox"/> Ankle support: <input type="checkbox"/> Rubber boots: <input type="checkbox"/>	 Hair net: <input type="checkbox"/> Other: <input type="checkbox"/>	 Reflective: <input checked="" type="checkbox"/> Non-reflective: <input type="checkbox"/>	Suncream: <input type="checkbox"/> Self rescuer: <input type="checkbox"/> Chain mesh: <input type="checkbox"/> Life jacket: <input type="checkbox"/> Other: _____	
B Training requirements: (work at heights, confined space, trade certificate etc)							
Motorcycle licence Preferred – National skills competency Operate quad bikes Preferred – National skills competency Operate two-wheel motorbikes Preferred - Operate ride on vehicles Preferred – Operate side by side utility vehicles Training and practice records of all operators							
C List of items of plant/equipment required:							
Off road vehicle appropriate for task Helmet Accessories approved for use with vehicle							
D Relevant codes of practice, legislation, standards or critical risk controls that may be applicable							
Code of Practice: Use of All Terrain Vehicles in the Workplace AS1698:2006 Protective helmets for vehicle users AS2906 Fuel Containers -portable plastic and metal							

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E	Maintenance checks, site/workplace inspections required												
Manufacturers instruction manual Vehicles maintained as required													
F	Chemicals: Name all chemicals below and ensure all SDS's (Safety Data Sheets) are available (previously known as MSDS - Material Safety Data Sheet).					Hazardous		Dangerous		Schedule for monitoring		SDS	
					Yes	No	Yes	No	Yes	No	Yes	No	
Name:	Unleaded fuel – BP 91				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Name:													
Name:													
G	Emergency Response (refer to SWMS Emergency Response) Tick applicable												
Emergency Contact numbers (Note: Some sites will have own emergency contact numbers)					Police / Fire / Ambulance			000					
Poison Emergency		131126			Mobile (outside carrier coverage)			112					
Site Emergency Rescue Number					Site Emergency Room Number								
Emergency Equipment													
Emergency Assembly Sign		Fire & First Aid Signage			Site Emergency notice board			Other signage					
Fire Extinguisher # _____		Other fire equipment			First Aid Kit # 1			Medical Trauma Kit type					
Spill Kit (Chemical/Oil/Fuel)		Rescue (Rope/Confined Space/Heights)			Other:								
Emergency Locations													
Muster Point		As per emergency plan			First Aid Kit			In all outrider kits					
Fire Extinguisher		Located throughout pits			Spill Kit			Located in pits					
Emergency / First Aid Room		As per emergency plan			Other: _____								
Appointed First Aiders / Fire Warden / Emergency Personnel Other													
Role		Name			Company			Contact Number					
		VMAT											

SECTION 5: SWMS Procedure

Procedure: Complete the tasks, identify & list the hazards, pre-control risk score (no control on hazard), controls for the identified hazards (job steps), hierarchy of control, and post control risk score (with controls in place & effective) required to complete the activity.

Hierarchy of Control (HOC): list the highest HOC for the controls you have listed (eg. Add all that apply). In order of highest to lowest: Eliminate (**EI**), Substitute (**S**), Isolate (**I**), Engineering (**En**), Administrative (**A**) and Personal Protective Equipment (**PPE**). Also state if the control is a Post (**P**), used to mitigate an event. Post event control does not prevent the event from occurring, it will only lessen the impact (eg. fire extinguisher). **Post Control Risk score:** is based on all identified controls being in place and effective including the controls from sections A, B, C, D, E, F, G, H, I and J of this SWMS. Use the Risk Matrix (see last page) to get the score for this column. An example of how to write the risk score is: 2A Mod 16.

Task Steps	Hazards	Pre- Control risk Score eg.: 4C High 18	Controls	HOC E, S, I, En, A, PPE, P	Post Control Risk Score eg.: 2A Mod 16	Responsible Person
Training - Experience Vehicle Requirements	<ul style="list-style-type: none"> Severe injury/death from collision or rollover Property damage from improper use Unauthorised use 	H	<ol style="list-style-type: none"> Operators are trained and experienced to operate a vehicle and accredited or licenced where required eg. Motor cycle licence, accredited to national standard (quad bike or ATV course) User should have regular practice and skills Operator training and experience must match specific task Operators to be trained in accident and emergency procedure Newly trained and inexperienced operators to have appropriate supervision Always consider if an alternate vehicle type may be more suitable for task Vehicle must be fit for the purpose and suitable to operator strength and skill ATV passengers to be briefed on operation prior to carriage Refer to manufacturer manual for vehicle specifications and instruction Keys to be stored securely to prevent unauthorised use 	En A PPE	M	Operator

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<p>Preparation before operating an off road vehicle</p>	<ul style="list-style-type: none"> • Equipment breakdown • Injury from malfunction • Unsuitable loads • Unsuitable attachments • Unsuitable terrains • Hazards associated with vehicle operation 	<p>M</p>	<ol style="list-style-type: none"> 1. Conduct a site safety analysis prior to commencing the task <ul style="list-style-type: none"> • Plan a route considering terrain and prevailing conditions • Define tracks or areas that are safe for vehicle operation • Identify 'high-risk' areas and suitable rules for these areas • If necessary establish "no go" zones on property • Establish a speed limit for all vehicles used on the property • Establish a communication plan 2. Complete pre-start checks in accordance with manufacturer instructions 3. Report any maintenance/repairs needed to the chairperson 4. Check fuel level 5. Inspect any attachments/accessories for correct installation 6. Check that any load is within vehicle specifications 7. Check for even weigh distribution of any cargo 8. Any liquid loads should be in suitably mounted, baffled tanks 9. Any trailer or towed equipment must be attached correctly 10. Use appropriate PPE (eg helmet, eye protection, suitable non slip gloves, sturdy footwear, long sleeve shirt, full length trousers, high visibility vest, UV Protection 11. Where seatbelts are fitted, operators and passengers must ensure these are work appropriately when vehicle is operational 12. Communication and GPS devices suitable to area of operation and tested 	<p>En A PPE</p>	<p>L</p>	<p>Operator</p>
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<p>Operating an Off road vehicle</p>	<ul style="list-style-type: none"> • Severe injury/death from collision or rollover • Loss of control over vehicle • Fatigue • Property damage • Hazardous terrain • Weather conditions 	<p style="text-align: center;">H</p> <ol style="list-style-type: none"> 1. Helmets must meet Australian Standards and be maintained in good condition 2. Travel at speed appropriate to conditions, visibility and experience 3. Operate vehicle as smoothly as possible, avoiding sudden braking and swerving 4. DO NOT operate an unregistered vehicle on any public roads, streets or highways (including dirt or gravel roads) 5. Operate vehicle safely and maintain control ie both hands on the handlebars and both feet on the footrests/floors and remaining seated 6. Stay alert to changing terrain and conditions 7. When operating on slopes/rough terrain take extra care and ensure that all tyres remain on the ground at all times 8. Reduce fatigue by taking regular rest breaks appropriate to the working environment. Every two hours take a 'stop and stretch' break 9. Manage risks associated with working in hot or cold conditions as required 10. Reversing: <ol style="list-style-type: none"> a. Make sure there are no obstacles or people behind you before selecting reverse gear b. Carefully apply both the front and rear brakes simultaneously when stopping in reverse gear 11. PPE available and worn that is appropriate to vehicle and task – enclosed sturdy footwear, eye protection, long sleeve tops and full length pants, hi-vis vest/clothing, sunscreen etc 12. First aid kit on board 13. Adequate food and drink carried 	<p style="text-align: center;">En A PPE</p>	<p style="text-align: center;">M</p>	<p style="text-align: center;">Operator</p>
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<p>Parking and leaving off road vehicle for a short time</p>	<ul style="list-style-type: none"> • Roll away • Surface incline • Loose or slippery surface • Unauthorised use 	<p>M</p>	<ol style="list-style-type: none"> 1. Find the most suitable parking area 2. Motorbike – if parking on a slope, point front wheel uphill with side stand on lower side 3. Stop vehicle safely according to manufacturers instructions 4. Turn ignition switch off, if vehicle moves or rolls after dismounting find another parking area 5. Chock wheels if necessary 6. Remove ignition key 	<p>I En</p>	<p>L</p>	<p>Operator</p>
<p>Refuelling</p>	<ul style="list-style-type: none"> • Fire/explosion • Fuel splash • Skin contact with fuel • Inhale fumes • Fuel spill 	<p>M</p>	<ol style="list-style-type: none"> 1. Carry out refuelling in well-ventilated area away from ignition sources 2. Stop engines before refuelling 3. Only use approved fuel containers 4. Use proper funnels and spouts to prevent spills and splashes 5. Wipe the vehicle dry of any spilled fuel 6. Refuel when equipment is cool, if possible 	<p>A En</p>	<p>L</p>	<p>Operator</p>
<p>Towing with off road vehicles</p>	<ul style="list-style-type: none"> • Severe injury/death from collision or rollover • Loss of control over vehicle 	<p>H</p>	<ol style="list-style-type: none"> 1. Refer to manufacturers manual for towing capacity 2. Use correct trailer hitch only 3. DO NOT use ropes or cables to hitch items 4. Distribute load on trailer evenly 5. Allow extra stop and turn distances while towing 6. Avoid steep slopes when towing 7. Take extra care when crossing a slope when towing 	<p>A En</p>	<p>L</p>	<p>Operator</p>

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<p>Loading onto trailer/vehicle</p>	<ul style="list-style-type: none"> Crush injuries Unsuitable ramp Loading angle Vehicle can fall off ramps Roll/flip over Strains/sprains Slips/trips and falls 	<p>H</p>	<ol style="list-style-type: none"> Select suitable loading site Refer to manufacturers manual for safe loading ramp angle Use suitable trailer/vehicle for size and weight of vehicle Use loading ramp suitable for size and weight of vehicle with operator Ramp must have mechanism to prevent backward movement of the ramp Secure ramp to trailer Position vehicle on trailer/vehicle for even weight distribution Switch off fuel Remove ignition key Secure on trailer/vehicle to prevent forward/backwards/side to side movement while towing 	<p>A En</p>	<p>L</p>	<p>Operator</p>
<p>After use/end of event</p>	<ul style="list-style-type: none"> Personal injury from improper use Property damage Equipment malfunction Unauthorised use 	<p>H</p>	<ol style="list-style-type: none"> Park vehicle in an appropriate area Clean and refuel in accordance with manufacturers guidelines and site requirements Inspect for damage Report any faults or damage to the Chairperson Remove key and store in secure location to prevent unauthorised access 	<p>A En</p>	<p>L</p>	<p>Operator</p>

SECTION 6: Responsibilities

Chairperson

- Ensure that hazards are identified and controls are implemented. For example:
 - procedures are followed/understood,
 - SWMS and Take 5 are followed/understood,
 - personnel are trained and competent,
 - equipment is fit for purpose and well maintained,
 - there is competent supervision,
 - workers have been consulted on any safety matters (via toolbox meetings, SWMS, Take 5, verbal instruction / communication)
- Ensure the work place is a safe place of work.
- SWMS are reviewed as set in the date section.
- Ensure that records are kept for two years (eg. completed SWMS must be kept for 2 years from the occurrence of the notifiable incident or from the end of the project).

Coordinator

- Ensure that hazards are identified and controls are implemented.
- Consult and develop SWMS with workers and use Take 5 prior to starting work.
- Have workers review and sign on SWMS.
- Ensure that SWMS is amended for identified additional hazards or incidents and communicate to workers prior to continuing work.
- Approve SWMS.
- Give a copy of the SWMS to the principal contractor if applicable.
- Ensure that workers follow the directions in SWMS and Take 5.
- Ensure SWMS is readily available on site for inspection or review.
- Give used or completed SWMS to the office for company records.
- Ensure workers are trained and competent and only operate equipment they are competent / ticketed for.
- Give lawful directions and safety instructions to workers.
- Consult with management and workers on safety matters (toolbox meetings, SWMS, Take 5, verbal instruction / communication).
- Complete workplace inspections and worker observations.
- Rectify unsafe conditions on the worksite.
- Counsel workers not working safely or not following SWMS.
- Report and investigate incidents immediately.
- Work safely and be fit for work.
- Supervisors must ensure any change in SWMS is communicated to workers and they monitor that the steps and controls are implemented and effective.
- SWMS is reviewed as set in the date section.

Worker (includes sub-contractors and volunteers)

- Develop (assist), review and follow procedures, SWMS and Take 5.
- Complete work that they are trained and competent for.
- Only operate equipment they are competent / ticketed for.
- Follow lawful directions and safety instructions.
- Consult with management on safety matters (toolbox meetings, SWMS, Take 5, verbal instruction / communication).
- Stop work if unsafe, advise supervisor and help fix unsafe condition.
- Report any incidents immediately to the supervisor.
- Work safely and be fit for work.
- Ensure all changes in SWMS are reviewed and sign in the revision section of the SWMS.

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SECTION 7: Acceptance and Sign off for SWMS (Revision 0)

We, the undersigned, confirm that we have been consulted regarding the above SMWS, that its content and responsibilities are clearly understood. We also confirm that our required competencies / tickets etc. to undertake this activity are current, we are competent to complete the work safely and without risk to our own health or the health and safety of others. We clearly understand that the responsibilities and controls in this SWMS must be applied as documented, otherwise work is to cease immediately, and we will ensure that the work area is made safe, as far as reasonably practicable.

Company	Sub-contractor/Volunteer <i>(tick)</i>	Name	Position / Qualification	Signature	Date	Time
Additional sign on sheets at end						

I, the undersigned Supervisor, confirm that the workers have been engaged in the development and/or review of this SMWS. I have clearly communicated the safety expectations, responsibilities and controls of this SWMS to the workers. I understand my responsibilities listed in the SWMS and company appointed authorities. I have checked competencies / tickets (including inductions) provided and verify that they are applicable and current. I have checked that all tools and equipment are properly maintained and safe to use. I have issued all relevant permits and have ensured to the best of my ability that the work area is safe and that the work will not damage any property or injure any persons.

Supervisor name:		Supervisor signature:		Date:	
Qualifications:		Experience:			
Senior management name:		Signature:		Date:	

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SECTION 8: Changes or additions to SWMS (Revision Update)

Should the SWMS be altered, added to, or changed in any way it must be communicated to all Workers and acknowledged by all Workers. The relevant revision number box on page 1 of this SWMS must be ticked if revisions are made.

Revision 1: Change identified resulting from: (please tick)	Date:	Time:	Name:	Sign:	Name:	Sign:
Scope of work	Change identified: (provide details)					
Incident / Safety alert	.....				
Risk review	.....				
Review date	.....				
Added hazards and controls	.....				
Legislation change	.....				
Weather change	.....				
Instructions	Supervisor name:					
Other:	Signature:					
Snr Mngt Approval (name):	Signature:					

Revision 2: Change identified resulting from: (please tick)	Date:	Time:	Name:	Sign:	Name:	Sign:
Scope of work	Change identified: (provide details)					
Incident / Safety alert	.....				
Risk review	.....				
Review date	.....				
Added hazards and controls	.....				
Legislation change	.....				
Weather change	.....				
Instructions	Supervisor name:					
Other:	Signature:					
Snr Mngt Approval (name):	Signature:					

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SECTION 9: Risk Matrix – use this to get your risk scores for Section 5

Step 1: Establish the Consequence (1-5)						
Consequences		Injury / Occupational Illness or Disease <small>(How to Manage Work Health and Safety Risk - Code of Practice, Safety Work Australia 10 August 2011) The company must ensure levels of consequence and likelihood are relevant to the company's business risk)</small>	Business Loss / Asset Damage	Reputation / Social/ Community	Legal and Regulatory / Contract	Environmental Impact (eg. hydrocarbon spills)
1	Insignif	Report only	<\$5k	Complaint / Single project or stakeholder	Minor non-compliance – internal report only	Negligible pollution
2	Minor	First Aid Treatment Injury/Illness – non-prescription medication / treatment that can be administrated by first aider.	<\$20k	Local public concern	Minor legal non-compliance / contractual issue	Minor pollution / nuisance
3	Moderate	Medical Treatment Injury/Illness – prescription / treatment that can <u>only</u> be administrated by registered doctor/nurse. Minor LTI <5 full day's work lost.	<\$50k	Regional public concern / Multiple stakeholders	Serious breach of law /investigation by authority / on the spot fine. Major breach of contract.	Noticeable pollution
4	Serious	Serious Lost Time Injury /Illness - Loss of 5 or more days work / admission to hospital / series injury under WHSA definition.	<\$100k	National public concern	Significant penalties / termination of contract	Significant environmental event
5	Major	Fatality (single or multiple fatalities)	>\$100k	International public attention	Law suits / prosecution / removal from suppliers list	Major environmental event / material environmental harm

Step 2: Establish the Likelihood (A – E)		
Description		Frequency examples <small>(How to Manage Work Health and Safety Risk - Code of Practice (Safety Work Australia 10 August 2011).</small>
A	Certain to occur	Expected to occur in most circumstances (> 1 event / month)
B	Very likely	Will probably occur in most circumstances (2 to 1 events / year)
C	Possible	Might occur occasionally (1 event / 1 to 2 years)
D	Unlikely	Could happen at some time (1 event / 2 to 3 years)
E	Rare	May happen only in exceptional circumstances (>3-5 years)

Step 3: The Hierarchy of Risk Control Model			
Start at the top and only if you can't select controls from one section, move to the next one down. You may need to use a combination of control measures to achieve the second level of risk control. If a particular hazard can't be removed the risk associated with the hazard can never be eliminated.			
1	Elimination	Complete removal of the hazard.	Most effective Least effective
2	Substitution	Replacing the material or process with a less hazardous one.	
3	Isolation	Separate the hazard from people.	
4	Engineering	Guarding, ventilation, design, re-design etc.	
5	Administration	Providing controls such as training or procedures.	
6	PPE	Use of PPE when other controls are not practical.	
7	Post	Mitigation after an event (eg. fire extinguisher).	

Using the Matrix to determine the Risk Score					
Likelihood	Consequence				
	1	2	3	4	5
A Certain to occur	Low 11	Moderate 16	Moderate 20	High 23	High 25
B Very likely	Low 7	Low 12	Moderate 17	High 21	High 24
C Possible	Low 4	Low 8	Moderate 13	High 18	High 22
D Unlikely	Low 2	Low 5	Moderate 9	Moderate 14	High 19
E Rare	Low 1	Low 3	Low 6	Moderate 10	High 15
ALARP – As Low As Reasonably Practical					
Tolerable		Takes action to manage to ALARP		Intolerable (without specific senior mgmt. approval)	

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Company	Sub-contractor/Volunteer <i>(tick)</i>	Name	Position / Qualification	Signature	Date	Time

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