

## 2. TASK ANALYSIS/SAFE WORK METHOD STATEMENT

Company Name:

Site Reference:

### What is the chance of it happening?

Severity of injury

	VERY UNLIKELY TO HAPPEN	UNLIKELY TO HAPPEN	COULD POSSIBLY HAPPEN	LIKELY TO HAPPEN	VERY LIKELY TO HAPPEN
CATASTROPHIC (FATAL)	Moderate	Moderate	High	Critical	Critical
MAJOR (PERMANENT DISABILITY)	Low	Moderate	Moderate	High	Critical
MODERATE (HOSPITAL/SHORT OR LONG TERM DISABILITY)	Low	Moderate	Moderate	Moderate	High
MINOR (FIRST AID)	Very Low	Low	Moderate	Moderate	Moderate
SUPERFICIAL (NO TREATMENT)	Very Low	Very Low	Low	Low	Moderate

### Hierarchy of Control

1	<b>ELIMINATE</b>	REMOVE THE HAZARD COMPLETELY
	If this is not reasonably practicable then:	
2	<b>SUBSTITUTE</b>	EITHER WHOLLY OR PARTIALLY WITH SAFER ALTERNATIVE
	<b>ISOLATE</b>	USING PHYSICAL BARRIERS, TIME OR DISTANCE
	<b>ENGINEER</b>	ADAPT TOOLS OR EQUIPMENT TO REDUCE THE RISK
If the risk remains then:		
3	<b>ADMINISTRATIVE</b>	DEVELOP METHODS OF WORK, PROCESSES AND PROCEDURES
	If the risk still remains then as a last resort:	
4	<b>PERSONAL PROTECTION</b>	USE APPROPRIATE PPE GEAR

TASK	POTENTIAL HAZARD/RISK	INITIAL RISK ASSESSMENT	LEVEL OF CONTROL	CONTROL	POST RISK ASSESSMENT	NOTE



Site Reference:

TASK	POTENTIAL HAZARD/ RISK	INITIAL RISK ASSESSMENT	LEVEL OF CONTROL	CONTROL	POST RISK ASSESSMENT	NOTE



Site Reference:

TASK	POTENTIAL HAZARD/ RISK	INITIAL RISK ASSESSMENT	LEVEL OF CONTROL	CONTROL	POST RISK ASSESSMENT	NOTE

**Confirmation of Worker Competency** – All workers carrying out tasks identified in this analysis must sign to confirm that they have received training and will work to the requirements of this TA/SWMS.

WORKERS NAME	WORKERS SIGNATURE	WORKERS NAME	WORKERS SIGNATURE

