

ORGANISATION DETAILS			
<b>Organisation Name:</b>	Gedoun Constructions Pty Ltd	<b>Contact Name:</b>	Joe Gedoun
<b>ACN/ABN:</b>	52 284 873 581	<b>Contact Position:</b>	Director
<b>Address:</b>	PO Box 1138, Townsville QLD 4810	<b>Contact Phone Number:</b>	0412 968 974
PROJECT DETAILS			
<b>Project:</b>	Gedoun Construction Sites	<b>Project Address:</b>	Gedoun Construction Sites
<b>Project No:</b>		<b>This WMS has been developed in consultation with:</b>	Joe Gedoun
<b>Activity:</b>	HANSAWING		<b>Reviewed by:</b>
		<b>Position:</b>	Contract Administrator
<b>Training/Instructions to be provided:</b>	<input checked="" type="checkbox"/> Site Induction Training <input checked="" type="checkbox"/> OHS Induction Card Training <input checked="" type="checkbox"/> Manual Handling Training		<input checked="" type="checkbox"/> Task Specific Training, Manual Handling Training <input checked="" type="checkbox"/> Training Specified in any MSDS <input checked="" type="checkbox"/> Other (Specify): _____
<b>Resources/Trades Involved:</b>	Qualified Tradesmen	<b>Engineering Details/Certificates/EPA/QLD Work Place Health &amp; Safety Approvals:</b>	NIL
<b>Plant/Equipment Used:</b>	Handsaw - Petrol	<b>Warning Signs and Controls Measures</b>	As per Displayed Signage
<b>Maintenance Checks:</b>	Daily checks on Plant and all Equipment by Operator/Management. Maintenance as per Manufacturer's Specifications	<b>Details of Emergency Procedures:</b>	As per Site Safety Plan
<b>Personal Protective Equipment (PPE) to be used:</b>	High Visibility Clothing and Safety Footwear (Steel Capped Boots) are to be worn by ALL worksites. Other PPE to be worn as per displayed site signage or as nominated in applicable WMS	<b>List of Attachments (Sketches, Diagrams, etc.)</b>	NIL

PROJECT DETAILS			
<p><b>Occupational Health Safety or Environmental Legislation:</b></p>	<ul style="list-style-type: none"> <li>• Queensland Acts &amp; Regulations</li> <li>• Workplace Health &amp; Safety Act 2011, Workplace Health &amp; Safety Regulations 2011</li> <li>• Electrical Safety Act 2015, Electrical Safety Regulations 2013</li> <li>• Building and Construction Industry Improvement Acts 2005</li> </ul>	<p><b>Codes and/or Standards Applicable to the Works:</b></p>	<p>Building Code of Australia 2010 Queensland &amp; National Codes of Practice:</p> <ul style="list-style-type: none"> <li>• Building and Construction 2000 Updated 2011</li> <li>• Noise 2004</li> <li>• Scaffold 2009</li> <li>• Electrical 2013</li> <li>• Manual Tasks 2010</li> <li>• Plant 2013</li> <li>• First Aid 2015</li> <li>• Hazardous Substances 2011</li> <li>• Prevention of Falls in Housing Construction 2012</li> <li>• Construction Work 2013</li> <li>• Building Code of Australia 2015</li> <li>• Hazardous Substance Code of Practice 2003</li> </ul> <p>National Standards:</p> <ul style="list-style-type: none"> <li>• Risk Management AS/NZS150 31000:2009</li> <li>• National Standard for Construction Work NOSHC:1 016 (2005)</li> <li>• National Standard for Manual Tasks 2007</li> </ul>

ITEM	JOB STEP	POTENTIAL HAZARDS	RISK SCORE (Before Control Measures)	CONTROLS	RESIDUAL RISK (After Control Measures)	PERSON RESPONSIBLE
1	<p>Arrive on site and inspect job site using checklist.</p> <p>Ensure area is clearly marked prior to cutting and approval has been gained to proceed with hand sawing.</p> <p>Determine safety requirements and which equipment to be used.</p>	<p>H – Slip Trip Fall</p> <p>R – Body Injury to Limbs, Cuts &amp; Lacerations</p>	2	<ul style="list-style-type: none"> <li>Use correct entry point</li> <li>Wear correct PPE/Hard Hat/Safety Footwear/Hi-Vis Long Sleeve Shirt/Long Pants</li> <li>The safety of the site is determined by inspection as per “Site Checklist”</li> </ul>	3	Contractor in charge
<p><i>CONFIRMATION BY PRINCIPAL CONTRACTOR HAS TO BE PROVIDED BEFORE ANY SAWING IS TO TAKE PLACE AND THAT THE AREA TO BE CUT HAS BEEN INSPECTED AND NO SERVICES ARE PRESENT</i></p>						
2	Assessing risk	H - Falls	2	<ul style="list-style-type: none"> <li>White doing site inspection a risk assessment is to be undertaken of the area prior to commencement</li> <li>Area/s that need to be cut with hand saw are to be inspected for services in walls or floors, hidden trenches and rubbish or debris that would impede the completion of the work</li> <li>It is the responsibility of the main contractor to have this area checked and confirmed that it is safe and no services are present</li> <li>Sawing on suspended slabs or areas above ground will need to be assessed and all appropriate safety precautions will need to be in place by the main contractor prior to commencement of work</li> </ul>		Contractor in charge

ITEM	JOB STEP	POTENTIAL HAZARDS	RISK SCORE (Before Control Measures)	CONTROLS	RESIDUAL RISK (After Control Measures)	PERSON RESPONSIBLE
				<ul style="list-style-type: none"> <li>Points to check:               <ul style="list-style-type: none"> <li>Stability of the area</li> <li>Potential to slip – surfaces wet</li> <li>Slope of work area</li> <li>Strength/Capability to support loads</li> <li>Uncluttered area</li> <li>Exit/Entry for working area</li> <li>Safety of working platforms</li> <li>Area propped by qualified person</li> </ul> </li> <li>Areas below cutting area to be cleared and barricaded and clearly signed to ensure no through pedestrian traffic</li> </ul>		
3	Confirm with principle contractor and inspect area designated to unload equipment and set-up	H – Manual, Heavy Lifting  R – Muscular Injury, Cuts & Lacerations, Body Injury	2	<ul style="list-style-type: none"> <li>Ensure proper lifting technique</li> <li>Use lifting teams when possible or needed</li> <li>Ensure equipment is unloaded as close as practical to work area and setup as per safety standards (Refer Work Procedure)</li> </ul>	3	Contractor in charge
4	Inspect all machinery and PPE that will be used	H – Damage Equipment  R – Cuts & Lacerations, Body Injury	2	<ul style="list-style-type: none"> <li>Inspect machine as per Procedure Statement under “Site Checklist”</li> <li>Operator is qualified (as per Industry Standard for Concrete Cutting and Drilling) – Maintain awareness</li> <li>Hi-vis long sleeve shirt and long pants, safety footwear, safety glasses, hard hat, gloves, ear protection/muffs</li> </ul>	3	Contractor in charge
5	Check and fill any fuel or oil tanks if required	H – Spills  R – Contamination,	2	<ul style="list-style-type: none"> <li>Use funnel when refuelling (Refer Procedure Statement)</li> <li>Use correct PPE as per MSDS for each</li> </ul>	3	Contractor in charge

ITEM	JOB STEP	POTENTIAL HAZARDS	RISK SCORE (Before Control Measures)	CONTROLS	RESIDUAL RISK (After Control Measures)	PERSON RESPONSIBLE
		Burns and Irritations		substance being used		
6	Mark out areas to be cut and verify with contractor and prep area if required	H – Slip, Trip, Fall  R – Body Injury	2	<ul style="list-style-type: none"> <li>Ensure area is clear from any debris or obstacles. Refer to “Site Checklist”</li> <li>Use WH&amp;S approved platforms when working at heights, provided by principal contractor. Refer “Site Checklist”</li> </ul>	3	Contractor in charge
7	Connect water supply to machine	H – Pedestrian/Slip, Trip, Fall/Damage to Blade  R – Body Injury, Cuts & Abrasions	2	<ul style="list-style-type: none"> <li>Ensure hoses do not create trip hazard for foot traffic in area</li> <li>Elevate if necessary or area to be barricaded if necessary</li> <li>Maintain water flow to machine at all times</li> </ul>	3	Contractor in charge
8	Commence sawing	H – Noise/Flying Debris/Fumes  R – Loss of Hearing/Injury to Eyes	1	<ul style="list-style-type: none"> <li>Wear PPE – Ear Plugs/Muffs, Hard Hat, Safety Glasses, Steel Cap Boots</li> <li>Refer “Site Checklist” – Well ventilated area – if area is not ventilated refer Procedures Manual – Hydraulic Hand Saw</li> </ul>	3	Contractor in charge
9	Slurry Control/Containment	H – Slip, Trip, Fall/Electrocution  R – Bodily Injury	1	<ul style="list-style-type: none"> <li>Wear safety footwear</li> <li>All electrical equipment to have current Test N Tag, refer “Site Checklist”</li> <li>Use RCD on all electrical equipment and all leads to be off the ground</li> </ul>	3	Contractor in charge
10	Dispose of Slurry	H – Slip, Trip, Fall/Environment/Heavy Lifting  R – Body Injury/Contamination, Strain	2	<ul style="list-style-type: none"> <li>Use safe route and wear correct PPE</li> <li>Dispose of slurry in designated area only – Pre-arrange with principal contractor</li> <li>Use safe lifting method, team or mechanical lift is required and available</li> </ul>	3	Contractor in charge
11	When sawing is completed, pack	H – Hand Injury/Slip,	2	<ul style="list-style-type: none"> <li>Wear gloves and all other necessary PPE</li> </ul>	3	Contractor in





ITEM	JOB STEP	POTENTIAL HAZARDS	RISK SCORE (Before Control Measures)	CONTROLS	RESIDUAL RISK (After Control Measures)	PERSON RESPONSIBLE
	up equipment	Trip, Fall/Heavy Lifting  R – Burns/Strains/Body Injury		<ul style="list-style-type: none"> <li>Use safe/correct lifting method/team or mechanical lift if required and available</li> </ul>		charge
12	Obtain order number/signed docket and leave site	H – Slip. Trip, Fall  R – Body Injury/Lacerations	2	<ul style="list-style-type: none"> <li>Use correct exit points</li> <li>Ensure that all equipment is correctly and safely secured in vehicle</li> </ul>	3	Contractor in charge

**THIS JOB SAFETY ANALYSIS IS A STANDARD JOB ANALYSIS – EVERY JOB NEED TO BE ASSESSED AT TIME OF BOOKING WHICH MAY REQUIRE A SITE INSPECTION FOR A SPECIFIC AREA**


RISK MATRIX		
<b>1 HIGH RISK</b>	<b>2 MEDIUM RISK</b>	<b>3 LOW RISK</b>

CONSEQUENCES					
LIKELIHOOD	NEGLIGIBLE	MINOR	MODERATE	MAJOR	EXTREME
RARE	3	3	2	2	1
UNLIKELY	3	3	2	2	1
POSSIBLE	3	2	2	1	1
LIKELY	3	2	1	1	1
ALMOST CERTAIN	2	2	1	1	1

**I HAVE BEEN CONSULTED AND I ASSISTED IN DEVELOPPING THE WORK METHOS STATEMENTS THAT APPLY TO MY WORK ACTIVITIES.  
I WILL COMPLY WITH ITS SAFE WORK PRACTICE.**

PRINT NAMES	POSITION/TRADE	SIGNATURE	DATE
JOE GEDOUN	DIRECTOR/SITE MANAGER		31-Aug-16
BOYD TURNER	SITE SUPERVISOR		31-Aug-16
MATTHEW CARROLL	SITE SUPERVISOR		31-Aug-16
CRAIG PENSINI	SITE SUPERVISOR		31-Aug-16

**MONITORING AND REVIEWING OF WMS USE AND EFFECTIVENESS**

NAME	SIGNATURE	DATE
STACY JACOBSEN		31-Aug-16