# NZ ME. Safe Work Method Statement

Task / Activity:		Personal Protective Equipment used:	
Date:	Location:	Signed off by: (Please Print)	
Contractor Company Name:	Post HOME & LEISURE SHOW		
	Rotorua Energy Events Centre, Queens Drive, Rotorua		
Hazard Management Key E= Eliminate M= Minimise		Number of persons:	
		Access times for this site:	

- List what you will be doing, identify potential hazard, rate risk, identify safety controls i.e. how you will eliminate or minimize the risk
- If you have contractors performing some of the work for you e.g. installing kitchens, please ensure you complete their details too
- During show First Aid is available from the St John Stand 124-125 if required. If for any reason an ambulance needs to be rung please advise info desk. There will be Rotorua Daily Post staff in your aisle to
- High visibility jackets and covered shoes, and exhibitor badges must be worn at all times i.e. set-up and show days
- For all enquiries please phone the Event Manager Janine Davy ddi (07) 343 6885, mobile (021) 273 1057 or email Janine.davy@dailypost.co.nz

Procedure/Task	Possible Hazards/Harm	Significant Hazard?	Risk Rating Medium High Low	Eliminate/ Minimise	Safety Controls
EXAMPLE BELOW					
Working at height	Fall from ladder	N	L	E	Use step ladder, 2 steps down, 3 points of contact
Moving stock	Personal injury	N	М	М	Use trolleys, 2 man lifts of heavy objects
General setup	Slips, trips & falls	N	L	E	No trailing cords, carpet taped down, display items secured safely



## Safe Work Method Statement

Safe Work Method Stateme	ent
Personal Qualifications & Experience	Training Required to Complete Works – (Have they been trained)
Installers:	Training requirements:
	Installers:
□ Plant/Equipment	□ Maintenance Checks, Site/Workplace Inspections

#### **Important Notes**

There is a requirement to evaluate the worksite & conditions prior to starting any work on site. Hazards can change daily – these should be identified and controls put in place.

Permanent Hazards to be added to this Hazard Register.

Prior to starting work the supervisor is to hold a pre-work talk and cover or any hazard changes and:

- Additional site specific information
- Name of designated First Aider
- Name of person(s) responsible for:
  - Supervising work
  - Inspecting & approving work areas
  - Training
  - Protective measures
  - Plant equipment and power tools

### Risk Matrix

	CONSEQUENCE			
LIKELIHOOD	Catastrophic Fatality	<b>Major</b> Extensive injuries	Moderate Medical treatment required	<b>Minor</b> First aid/No Treatment
Almost certain – (e.g. >90% chance)	н	н	М	М
<b>Likely -</b> (e.g. between 50% and 90% chance)	н	М	М	М
<b>Moderate -</b> (e.g. between 10% and 50% chance)	н	М	L	L
<b>Unlikely -</b> (e.g. between 3% and 10% chance)	М	L	L	L
Rare - (e.g. less than 3% chance)	М	L	L	L
н	High risk - detailed research and management planning at senior levels required			
M	Significant risk - senior management attention required			
L	Low risk - manage by routine procedures, this risk may be acceptable			

# Every member of the work team must sign off on the SWMS to acknowledge awareness and participation

In signing this form you are acknowledging that the **SWMS** has been presented to you, that you understand the content and have had the opportunity to ask questions. You agree to work in accordance with the control measures listed If changes occur during any activities **PLEASE** inform your supervisor to amend

DATE	FULL NAME (printed clearly)	SIGNATURE	POSITION (Installer, Leading Hand, Supervisor)

FOR ALL ENQUIRIES PLEASE PHONE THE EVENT MANAGER JANINE DAVY ddi (07) 343 6885 mobile (021) 273 1057 or email Janine.davy@dailypost.co.nz