



A.B.N. 43 009 438 073

AU07899

OCCUPATIONAL HEALTH & SAFETY PROGRAMME

SAFE WORK METHOD STATEMENT

AUSTRALIAN AIRCONDITIONING

SERVICES PTY. LTD.

42 INDUSTRY STREET
MALAGA WA 6090
TELEPHONE: (08) 9209 2520
FACSIMILE: (08) 9209 2530
Email: aas@aust-aircon.com.au

CONTRACTOR:			NAME: _____
PROJECT:			SIGNED OFF: _____
JOB: REMOVE AND REPLACE THERMO EXPANSION VALVE			DATE: _____ JOB NO. _____
PROCEDURE (IN STEPS):			ACCEPTED: YES / NO
POSSIBLE HAZARDS			AREA:
Break the job down into steps. Each step should accomplish some major task and be in a logical sequence.	Identify the hazards associated with each step. Examine each to find possibilities that could lead to an accident.	RISK SCORE	SAFETY CONTROLS
		Risk Potential *Class 1, 2 or 3	Specify what action or procedure will be taken to eliminate or minimise the risk of injury or damage. Include what measures will be taken to ensure that the safety control is maintained.
1. Issue Personal Protective Equipment (P.P.E.)	Head, Hand, Foot and Body Injury	2	Refer to Safe Work Instruction SW 001 P.P.E.
2. Establishment of Site	Manual Handling, Possible Back Strain, Impact Injury	2	Refer to Safe Work Instruction: SW 002 Manual Handling
3. Isolate Air Conditioner	Electric Shock	1	Lock Out/Tag Out. Ref SW 023
4. Reclaim Refrigerant	Muscle Strain, Freeze Burns	2	Correct Lifting Procedure - Safe Trade Practice
5. Remove old and install new valve	Burns	2	Wear PPE
6. Re charge system	Freeze Burns	2	Safe Trade Practices
7. Re-commission Unit	Nil		Remove Tag/Lock

* Class 1: Death or Permanent Disability Class 2: Serious Injury/Lost Time Class 3: Minor Injury resulting in no lost time

Form	WMS 15.1	1/2
Rev	A	13-May-11



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Personal Qualifications & Experience:	Personal Duties & Responsibilities:	Training Required to complete work:
Engineering Details/Certificates/Workplace Services Approvals:	Codes of Practice, Legislation:	
Plant/Equipment:	Maintenance Checks:	
Read & Signed by All Employees on Site:		

Form	WMS 15.2	2/2
Rev	A	13-May-11

