



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: _____ |
| | | | SIGNED OFF: _____ |
| | | | DATE: _____ JOB NO. _____ |
| PROJECT: | | | ACCEPTED: YES / NO |
| JOB: REPLACE ELECTRICAL COMPONENT IN CONTROL BOARD | | | AREA: |
| PROCEDURE (IN STEPS): | POSSIBLE HAZARDS | RISK SCORE | SAFETY CONTROLS |
| 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 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 Unit | Nil | | Lock Out/Tag Out. Ref SW 023 |
| 4. Identify and Remove Faulty Part | Nil | | |
| 5. Install New Part | Nil | | Ensure electrically Safe |
| 6. Re-Commission Unit | Nil | | |

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

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| Form | WMS 18.1 | 1/2 |
| Rev | A | 18-May-11 |



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

| | | |
|------|----------|-----------|
| Form | WMS 18.2 | 2/2 |
| Rev | A | 13-May-11 |

