



CONSEQUENCE RANKING SCORES

Low (1)	Minor (2)	Moderate (3)	Major (4)	Critical (5)
Injury and Disease (includes workers and community) SAFETY				
Minor injury. No medical treatment Eg, cuts, bruises, no measurable physical effects.	MTI. Medically Treated Injuries from which recovery is likely. Eg, burns, broken bones, severe bruises, cuts.	LTI. Moderate permanent effects from injury or exposure. Eg, serious burns, serious internal and/or head injuries, gassings that require hospitalisation.	Single fatality and/or, Severe permanent injury, paralysis, brain damage, life threatening exposure to a health risk	A Multiple fatality and/or, Significant irreversible exposure to a health risk that effects greater than 10 people

LIKELIHOOD (FREQUENCY) RANKING SCORES

Likelihood	Description
Almost Certain (5)	Event expected to occur in most circumstances
Likely (4)	Event will probably occur in most circumstances.
Possible (3)	Event should occur at some time.
Unlikely (2)	Event could occur at some time.
Rare (1)	Event may occur, but only under exceptional circumstances.

RISK RATING TABLE

Consequence →	Low	Minor	Moderate	Major	Critical
Likelihood ↓	<i>Level (1)</i>	<i>Level (2)</i>	<i>Level (3)</i>	<i>Level (4)</i>	<i>Level (5)</i>
Almost certain (5)	High (6)	High (7)	Extreme (8)	Extreme (9)	Extreme (10)
Likely (4)	Moderate (5)	High (6)	High (7)	Extreme (8)	Extreme (9)
Possible (3)	Low (4)	Moderate (5)	High (6)	Extreme (7)	Extreme (8)
Unlikely (2)	Low (3)	Low (4)	Moderate (5)	High (6)	Extreme (7)
Rare (1)	Low (2)	Low (3)	Moderate (4)	High (5)	High (6)

<u>Risk Categories / Conclusions</u>
<u>Extreme</u> Hazard should be avoided (or the level of risk reduced significantly and reliably by controls)
<u>High:</u> Risk to be controlled as far as reasonably practicable
<u>Moderate</u> Risk is controlled as far as reasonably practicable
<u>Low</u> No further control measures necessary.



SAFE WORK METHOD STATEMENT

SWMS	Responsible Person		SMWS Participants		
	1.	4.	1.	4.	7.
	2.	5.	2.	5.	8.
	3.	6.	3.	6.	9.

Prepared By:				Approved By:			
	<i>Name</i>	<i>Signature</i>	<i>Date</i>		<i>GraysOnline</i>	<i>Signature</i>	<i>Date</i>

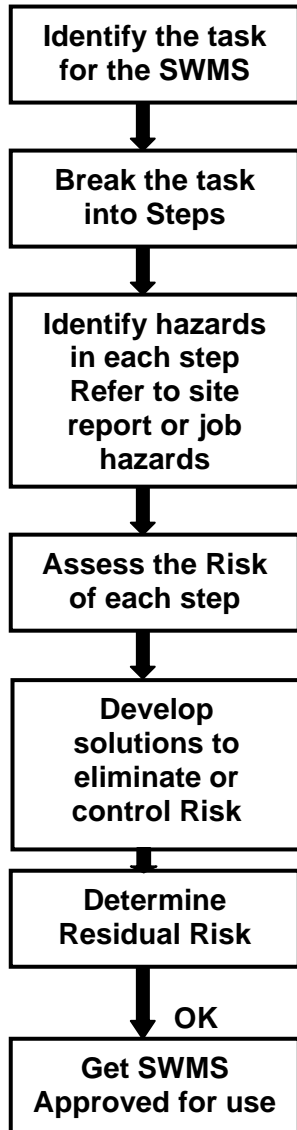
Job Location And Work to be Performed:

Additional information (if required):



SAFE WORK METHOD STATEMENT

SWMS PROCESS FLOW CHART



TASK REQUIREMENT CHECKLIST

Grouping	System, Tools, Licenses, Equipment Checks, Permits, Insurances	
Insurances Licenses		
Equipment		
Personal Protective Equipment		
Permits		
Other relevant Requirements		

Instructions for completion of SWMS:

- SWMS to be prepared by Contractor
- SWMS to be reviewed by GraysOnline personnel and amended if required with specific:
 - PPE Requirements
 - Induction Requirements
 - Permits
 - Any other relevant requirements

The identified hazards will be evaluated in accordance with their probability and severity, and classified in the categories indicated below

