Safety Document Register

Example Client
Example Project
Example Venue
Example Room
Example Date Range 14-17th Sept, 2021
1



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EAT THE ELEPHANT 1206/157 REDFERN ST REDFERN NSW 2016		APPLI	CATION:		ALL ETE EVENTS AND WORKPLACES	
ETE RISK MANAGER NAME:	JOEL WHYMAN	ETE P	RODUCTION MANAGER (NAME):			
ETE RISK MANAGER CONTACT (MOBILE):	0418 253 081	ETE P	RODUCTION MANAGER CONTACT (MC	OBILE):		
ETE OFFICE CONTACT:		DOES	THE WORK INVOLVE 'HIGH RISK' CON	STRUCT	ION WORK – INDICATE BELOW.	
WORK OR TASK DESCRIPTION	MANUAL HANDLING OF ROAD CASES, AV EQUIPMENT, STAGING EQUIPMENT, CABLES, TRUSS.	WORH INVOL	K WHERE POWERED PLANT IS LVED		WORKING AT HEIGHT (ABOVE 2M)	
		WOR	K NEAR ENERGISED ELECTRICITY		WORK WHERE ASBESTOS COULD BE DISTURBED	
		WOR	WORK CARRIED OUT IN CONFINED SPACE		WORK NEAR PRESSURISED GAS	
		WOR	K IN OR NEAR EXCAVATIONS		WORK CARRIED OUT NEAR ROADS OR WHERE PEDESTRIANS MAY BE AFFECTED	
PERSONAL PROTECTIVE EQUIPMENT (PPE)	HIGH VISIBILITY VESTS OR UNIFORMS		HARD HAT WITH BRIM		SAFETY EYE WEAR, GOGGLES	
	SAFETY BOOTS		HEARING PROTECTION		GLOVES FOR MANUAL TASKS	
	DUST MASKS		HARNESS KIT		WET WEATHER CLOTHING	
HAVE WORKERS BEEN CONSULTED ABOUT THIS SWMS?	WORKERS: YES NO	TOOL	BOX CONSULTATION PLANNED:		TOOLBOX WILL BE DELIVERED ONSITE PRIOR T COMMENCEMENT	ГО
WORKER SIGNATURE(S):	SEE SIGNATURE SECTION FOR INDIVIDUAL INDUCTION RECORDS	DATE	DATE SWMS CREATED:		15/04/2021	
PERSON(S) CONSULTED IN THE DEVELOPMENT OF SWMS:	ETE WORKERS, SAFETY CONSULTANT	DATE	SWMS ISSUED FOR USE:		15/04/2021	



PERSON RESPONSIBLE FOR ENSURING	ETE PRODUCTION MANAGER +	SWMS REVIEWER (NAME)	JOEL WHYMAN
COMPLIANCE WITH SWMS:	WORKERS		
PRODUCTION MANAGER SIGNATURE:		SWMS REVIEWER (SIGNATURE):	-Sw



TASK STEPS	POTENTIAL HAZARDS OR RISKS OF EACH STEP	RISK LEVEL	RISK CONTROL MEASURES – TO BE APPLIED TO MINIMISE RISK LEVEL	RISK LEVEL	RESPONSIBLE PERSON
		(BEFORE)		(AFTER)	
	NOTE: RB = RISK RATING BEF	ORE CONTR	OLS IMPLEMENTED - RA = RISK RATING AFTER CONTROLS ARE IMPLEMENTED.		
1. PRE-PLANNING	 INADEQUATE INSTRUCTION LACK OF SAFETY INFORMATION LACK OF VENUE INFORMATION INADEQUATE PPE INADEQUATE CLOTHING 	E5 HIGH RISK	 ALL WORKERS MUST UNDERGO SITE SAFETY INDUCTION PRIOR TO COMMENCEMENT AT EACH VENUE/LOCATION ALL WORKERS MUST UNDERGO INSTRUCTION IN SWMS AND SIGN MASTER COPY CONFIRM PPE – SAFETY VEST, BOOTS, GLOVES AND HEAD PROTECTION CONFIRM WORKERS HAVE HATS, SUN-BLOCK ETC. (FOR WORK OUTDOORS) CONFIRM WORKERS HAVE WET WEATHER CLOTHING (FOR RAIN) 	E3 MED RISK	PRODUCTION MANAGER
2. INSPECTION OF TRUCK UNLOADING AREAS	 PROXIMITY TO MOVING TRUCKS PROXIMITY TO MOVING FORKLIFTS PROXIMITY TO ROAD DIMINISHED LIGHTING EXPOSURE TO WEATHER 	E5 HIGH RISK	 CONDUCT PRE-START INSPECTION OF TRUCK UNLOADING AREA ENSURE UNLOADING AREA IS WELL LIT AND SUITABLE FOR ETE WORKERS ENSURE UNLOADING AREA IS NOT ON ROAD WAY OR NEAR MOVING VEHICLES/PLANT IDENTIFY UNLOADING AREAS FOR TRUCKS AND ANY APPROVED FORKLIFT CORRIDORS SPEAK TO VENUE/CLIENT AND VERIFY SPEEDS AND USE OF FORKLIFT ETC. CONDUCT INSPECTION OF TRAVEL CORRIDORS TO STAGE, WORK OR SET. REMOVE ANY OBJECTS THAT MIGHT POSE A RISK 	E3 MED RISK	PRODUCTION MANAGER
3. INSPECTION OF RAMPS FOR TRUCKS AND ONSTAGE ACCESS	 RAMP DISLODGE DURING USE RAMP OVERLOAD RAMP FAILURE 	E5 HIGH RISK	 CONDUCT PRE-START INSPECTION OF TRUCK RAMP (IF TO BE USED) CONDUCT PRE-START INSPECTION OF STAGE ACCESS RAMP ENSURE RAMPS ARE FIXED AND WILL NOT MOVE UNDER LOAD VERIFY RAMP SAFE WORKING LOAD (SWL) PRIOR TO USE 	E3 MED RISK	PRODUCTION MANAGER
4. REVIEW PLANS, CLIENT SWMS & WEATHER CONDITIONS	 CONFUSION OVER WORK TASKS EXCESSIVE MANUAL HANDLING OR DOUBLE HANDLING IMBALANCE IN LABOUR EXTREME WEATHER EVENT LIGHTNING OR STORM 	E5 HIGH RISK	 REVIEW FLOOR PLANS OR PLOTS AND INTENDED WORK FOR DAY REVIEW ETE PLOTS/PLANS AND ENSURE ALL WORKERS ARE BRIEFED VERIFY DAY'S DELIVERABLES – WHAT IS TO BE COMPLETED AND BY WHEN? VERIFY EXPECTED WEATHER CONDITIONS FOR THE DAY AND ENSURE THAT CLIENT HAS PROCESS FOR REPORTING APPROACHING STORM. VERIFY PROCESS FOR CESSATION OF WORK IN THE EVENT OF A STORM/LIGHTNING ALLOCATE CREW TO COMMENCE UNLOADING TRUCKS 	E3 MED RISK	PROJECT MANAGER



5. UNLOADING TRUCK (WITH FORKLIFT)	 FORKLIFT OVER BALANCE FORKLIFT OPERATOR ERROR FORKLIFT & WORKER COLLISION WORKER FALL FROM TRUCK 	E5 HIGH RISK	 OPEN REAR DOOR OF TRUCK CAREFULLY ENSURE THAT FINAL ROW IS SECURE AND CASES SAFE DIRECT AUTHORISED/LICENSED FORKLIFT OPERATOR INTO POSITION POSITION ROAD CASE OR TILE RACK ONTO TINES MONITOR AS FORKLIFT LIFTS CASE OR LED TILES/CART ENSURE WORKERS DO NOT STAND ON FORKLIFT TINES ENSURE 'SPOTTER' INSIDE TRUCK CALLS "TINES CLEAR" AFTER FORKLIFT IS FULLY CLEAR OF TRUCK BODY BEFORE LOAD IS LOWERED TO GROUND. REPEAT PROCESS AND USE FORKLIFT INSTEAD OF RAMP 	E3 MED RISK	ALL WORKERS
6. FLIPPING ROAD CASES WITHIN TRUCK	 PERSONAL INJURY FORKLIFT OPERATOR ERROR FORKLIFT & WORKER COLLISION 	C3 HIGH RISK	 POSITION THREE WORKERS FOR ROAD CASE FLIPPING SELECT ROAD CASE IN CENTRE OF TOP ROW USE WHEELS TO WRIGGLE CASE PROUD OF OTHER CASES IN ROW POSITION ONE PERSON ON EACH SIDE AND A THIRD PERSON FOR END OF CASE ROLL CASE SLOWLY AND ENSURE ALL WORKERS HAVE EQUAL LOAD USE GRAVITY – DO NOT HOLD CASE, LOWER IMMEDIATELY TO GROUND PUSH CASE TOWARDS ADDITIONAL TRUCK CREW TO MANAGE WITH RAMP OR FORKLIFT REPEAT CASE FLIPPING PROCESS – ROTATE WORKERS IN AND OUT AS NEEDED 	D3 MED RISK	WORKERS
7. MOVING CASES INTO VENUE AND ON STAGE	 PERSONAL INJURY MUSCULAR SKELETAL DISORDER FORKLIFT & WORKER COLLISION RAMP COLLAPSE PERSON FALLS OF RAMP 	C2 MED RISK	 IDENTIFY TRAVEL CORRIDOR TO STAGE OR SET UP AREA DISTRIBUTE CASES BETWEEN CREW AND COMMENCE PUSHING INTO VENUE ENSURE THAT FORKLIFTS AND OTHER PLANT ARE NOT IN IMMEDIATE AREA DISTRIBUTE CREW FOR LARGE OR HEAVY CASES OR LED TILE CARTS BEFORE USING ONSTAGE RAMP – ASSESS NUMBER OF CREW AND WEIGHT/SIZE OF OBJECT CAREFULLY POSITION CASE OR OBJECT ON STAGE RAMP AND DISTRIBUTE CREW TO THE SIDE, REAR AND FRONT IF NECESSARY CAREFULLY PUSH CASE OR OBJECT UP RAMP AND MAINTAIN CENTRAL POSITION. 	D2 LOW RISK	WORKERS
9. LIFTING GENERAL	PERSONAL INJURYMUSCULAR SKELETAL DISORDER	C3 HIGH RISK	 IDENTIFY CASE OR OBJECT TO BE LIFTED – SIZE IT UP. ASSESS THE WEIGHT OF THE OBJECT AND YOUR PERSONAL STRENGTH CONFIRM THAT FORKLIFT OR OTHER WORKERS ARE NOT AVAILABLE 	D3 MED	WORKERS



 ASSESS TRAVEL CORRIDOR – WHERE ARE YOU CARRYING IT TO? ASSESS DOORS AND ANYTHING THAT MIGHT BE IN THE WAY. CAN YOU USE A ROAD CASE AS A TROLLEY TO GET THE OBJECT CLOSER? POSITION YOUR BODY CLOSE TO THE OBJECT TO BE CARRIED. FORM A GOOD BASE WITH YOUR FEET SHOULDER WIDTH APART USE A SMOOTH MOTION AT ALL TIMES WHEN MOVING YOUR BODY USE HIPS AND KNEES TO BEND TO THE OBJECT RATHER THEN YOUR BACK DO NOT TWIST OR BEND THE BACK SIDEWAYS KEEP VERTICAL WHEN YOU CARRY THE OBJECT 	RISK



PERSONAL QUALIFICATIONS AND EXPERIENCE:	DUTIES AND RESPONSIBILITIES:	Training Required to Complete Work:
 CARRYING AND PUSHING GENERAL EVENT EXPERIENCE 	 ALL WORKERS MUST FOLLOW VENUE GUIDELINES AT ALL TIMES ALL WORKERS MUST COMPLY FULLY WITH THIS SAFE WORK METHOD STATEMENT ALL WORKERS MUST FOLLOW DIRECTIONS FROM THE SAFETY OFFICER OR DESIGNATED PERSON FROM THE CLIENT OR VENUE WEAR PPE AS DIRECTED (AT ALL TIMES) REPORT ANY OVERSIZED, AWKWARD OR DANGEROUS OBJECTS 	TRAINING IN: THIS SWMS MANUAL HANDLING OF CASES AND OBJECTS GENERAL WORKPLACE SAFETY
ENGINEERING DETAILS/ CERTIFICATES/WORK COVER APPROVALS:	APPLICABLE CODES OF PRACTICE, LEGISLATION:	
-	 HOW TO MANAGE WHS RISKS – CODE OF PRACTICE WORK HEALTH AND SAFETY CONSULTATION, COORDINATION AND COOPERAT SAFE WORK AUSTRALIA – HAZARDOUS MANUAL TASKS – CODE OF PRACTICE (NSW) WHS ACT 2011 & WHS REG 2017, (VIC) OHS ACT 2004 & OHS REG 2017, 	ION – CODE OF PRACTICE (QLD) WHS ACT 2011 & WHS REG 2011
PERSONAL PROTECTIVE EQUIPMENT	MAINTENANCE CHECKS AND REGIME:	
ALL WORKER MUST WEAR SAFETY BOOTS, HIGH VISIBILITY VESTS AND HELMETS	 INSPECT ALL TRUCK UNLOADING AREAS INSPECT ALL TRAVEL CORRIDORS AND STORAGE AREAS INSPECT AND CONFIRM WHAT MECHANICAL AIDS ARE AVAILABLE INSPECT RAMPS TO ENSURE THEY ARE SECURE 	



ETE THE ELEPHANT 1206/157 REDFERN ST REDFERN NSW 2016		APPI	LICATION:		ALL ETE EVENTS AND WORKPLACES			
ETE RISK MANAGER NAME:	JOEL WHYMAN	ETE	PRODUCTION MANAGER (NAM	E):				
ETE RISK MANAGER CONTACT (MOBILE):	0418 253 081	ETE I (MOE	PRODUCTION MANAGER CONT BILE):	АСТ				
ETE OFFICE CONTACT:		DOE	S THE WORK INVOLVE 'HIGH R	ISK' CO	DNSTRUCTION WORK – INDICATE BEL	ow.		
WORK OR TASK DESCRIPTION	NIPTIONINSTALLATION, TESTING AND OPERATION OF ETE ELECTRICAL EQUIPMENT - AUDIO VISUAL CONTROL EQUIPMENT, CABLING, POWER DISTRIBUTION ETCW COWWW		K WHERE POWERED PLANT		WORKING AT HEIGHT (ABOVE 2M)			
			AUDIO VISUAL CONTROL EQUIPMENT, CABLING, POWER DISTRIBUTION ETC		WORK NEAR ENERGISED		WORK WHERE ASBESTOS COULD BE DISTURBED	
			WORK CARRIED OUT IN CONFINED SPACE		WORK NEAR PRESSURISED GAS			
		WOF	RK IN OR NEAR EXCAVATIONS		WORK CARRIED OUT NEAR ROADS OR WHERE PEDESTRIANS MAY BE AFFECTED			
PERSONAL PROTECTIVE EQUIPMENT (PPE)	HIGH VISIBILITY VESTS OR UNIFORMS		CLIMBING HELMET		SAFETY EYE WEAR, GOGGLES			
	SAFETY BOOTS		HEARING PROTECTION		GLOVES FOR MANUAL TASKS			
	DUST MASKS		HARNESS KIT		WET WEATHER CLOTHING			
HAVE WORKERS BEEN CONSULTED ABOUT THIS SWMS?	WORKERS: ⊠YES □NO	TOOLBOX CONSULTATION PLANN		D:	TOOLBOX WILL BE DELIVERED ONSIT PRIOR TO COMMENCEMENT	ΓE		
WORKER SIGNATURE(S):	SEE SIGNATURE SECTION FOR INDIVIDUAL INDUCTION RECORDS	DATI	E SWMS CREATED:		15/04/2021			



PERSON(S) CONSULTED IN THE DEVELOPMENT OF SWMS:	ETE WORKERS, SAFETY CONSULTANT	DATE SWMS ISSUED FOR USE:	15/04/2021
PERSON RESPONSIBLE FOR ENSURING COMPLIANCE WITH SWMS:	ETE PRODUCTION MANAGER + WORKERS	SWMS REVIEWER (NAME)	JOEL WHYMAN
PRODUCTION MANAGER SIGNATURE:		SWMS REVIEWER (SIGNATURE):	Sw



TASK STEPS	POTENTIAL HAZARDS OR RISKS OF EACH STEP	RISK LEVEL (BEFORE)	RISK CONTROL MEASURES – TO BE APPLIED TO MINIMISE RISK LEVEL	RISK LEVEL (AFTER)	RESPONSIBLE PERSON
N	OTE: RB = RISK RATING BEFORE C	ONTROLS IM	PLEMENTED - RA = RISK RATING AFTER CONTROLS ARE IMPLEM	ENTED.	
1. PRE-PLANNING	 INADEQUATE INSTRUCTIONS LACK OF SAFETY INFORMATION LACK OF VENUE INFORMATION POOR PLANNING AND CONSULTATION 	E5 HIGH RISK	 ALL WORKERS MUST UNDERGO SITE SAFETY INDUCTION PRIOR TO COMMENCEMENT ALL WORKERS MUST UNDERGO INSTRUCTION IN SWMS AND SIGN MASTER COPY CONSULT WITH VENUE LEAD/CLIENT TO CONFIRM POWER SUPPLY REQUIREMENTS CONSULT WITH ETE TEAM TO ENSURE POWER SYSTEM IS ADEQUATE FOR EVENT 	E3 MED RISK	PRODUCTION MANAGER
2. INSTRUCTION AND TRAINING	 INADEQUATE INSTRUCTIONS LACK OF TRAINING LACK OF EDUCATION LACK OF RESOURCES 	E5 HIGH RISK	 ALL WORKERS MUST UNDERGO ETE BASIC ELECTRICAL SAFETY TRAINING ETE TEAM TO BE TRAINED IN EMERGENCY PROCEDURES RELATING TO ELECTRICAL USE <u>SEE LOW VOLTAGE RESCUE PROCEDURE.</u> 		PRODUCTION MANAGER
3. IDENTIFY HAZARDS AT LOCATION	 INADEQUATE CHECKS PROXIMITY TO PLANT PROXIMITY TO AUDIENCE CORRIDORS 	E5 HIGH RISK	 ETE TEAM TO UNDERTAKE INSPECTION OF EVENT SPACE/VENUE CONSULT WITH VENUE LEAD/CLIENT TO CONFIRM POWER SUPPLY REQUIREMENTS CONSULT WITH VENUE LEAD/CLIENT AND IDENTIFY HAZARDS THAT MAY POSE A RISK TO HEALTH AND SAFETY IDENTIFY AREAS WHERE ELECTRICAL SUPPLY WILL COME FROM – MOBILE PLANT CORRIDOR, AUDIENCE EGRESS ETC. DISCUSS USE OF CABLE TRAYS OR RAISING MAINS OFF THE GROUND 	E3 MED RISK	PRODUCTION MANAGER
	DAMAGED EQUIPMENT	E5	1. CONDUCT PRE-START INSPECTION OF ETE SYSTEM TO BE ENERGISED	E3 MED	ALL WORKERS



TASK STEPS	POTENTIAL HAZARDS OR RISKS OF EACH STEP	RISK LEVEL (BEFORE)	RISK CONTROL MEASURES – TO BE APPLIED TO MINIMISE RISK LEVEL	RISK LEVEL (AFTER)	RESPONSIBLE PERSON
4. INSPECTION OF ELECTRICAL EQUIPMENT	 INVALID ELECTRICAL TEST/TAG DAMAGED CABLING 	HIGH RISK	 INSPECT ALL COMPONENTS OF SYSTEM – MAINS, RACKS, DISTRO ETC. CHECK FOR OBVIOUS DAMAGE, DEFECTS OR MODIFICATIONS TO ELECTRICAL EQUIPMENT INCLUDING PLUGS AND EXTENSION CORDS. CHECK FOR SIGNS OF DISCOLORATION THAT MAY INDICATE EXPOSURE TO HEAT, CHEMICALS OR MOISTURE. 	RISK	
5. RUNNING OF MAINS CABLING AND CONNECTION	 MANUAL TASKS MUSCULAR SKELETAL DISORDER CABLE IN WRONG AREA DISCONNECTION ERROR 	E5 HIGH RISK	 RUN MAINS IN APPROVED PATHWAY FROM DISTRIBUTION BOARD TO RACKS CONNECT MAINS TO RACK USING (POWER LOC) AND CROSS CHECK TURN ON POWER SYSTEM AND COMMENCE TEST OF SCREEN OR MEDIA SYSTEM 	E3 MED RISK	PRODUCTION MANAGER + WORKERS



PERSONAL QUALIFICATIONS AND EXPERIENCE:	DUTIES AND RESPONSIBILITIES:	Training Required to Complete Work:			
 CARRYING AND PUSHING GENERAL EVENT EXPERIENCE RUNNING CABLES AND MAINS 	 ALL WORKERS MUST FOLLOW VENUE GUIDELINES AT ALL TIMES ALL WORKERS MUST COMPLY FULLY WITH THIS SAFE WORK METHOD STATEMENT ALL WORKERS MUST FOLLOW DIRECTIONS FROM THE SAFETY OFFICER OR DESIGNATED PERSON FROM THE CLIENT OR VENUE WEAR PPE AS DIRECTED (AT ALL TIMES) 	TRAINING IN: • THIS SWMS • GENERAL WORKPLACE SAFETY			
ENGINEERING DETAILS/ CERTIFICATES/SAFE WORK NSW APPROVALS:	APPLICABLE CODES OF PRACTICE, LEGISLATION:				
-	 HOW TO MANAGE WHS RISKS – CODE OF PRACTICE WORK HEALTH AND SAFETY CONSULTATION, COORDINATION AN (NSW) WHS ACT 2011 & WHS REG 2017, (VIC) OHS ACT 2004 & OHS F MANAGING ELECTRICAL RISKS IN THE WORKPLACE – CODE OF PF 	O MANAGE WHS RISKS – CODE OF PRACTICE HEALTH AND SAFETY CONSULTATION, COORDINATION AND COOPERATION – CODE OF PRACTICE WHS ACT 2011 & WHS REG 2017, (VIC) OHS ACT 2004 & OHS REG 2017, (QLD) WHS ACT 2011 & WHS REG 2011 JING ELECTRICAL RISKS IN THE WORKPLACE – CODE OF PRACTICE			
PERSONAL PROTECTIVE EQUIPMENT	MAINTENANCE CHECKS AND REGIME:				
ALL WORKER MUST WEAR HEAD PROTECTION WHEN OVERHEAD RIGGING IS TAKING PLACE	INSPECT CABLING AND POWER DISTRIBUTION SYSTEM				



EAT THE ELEPHANT 1206/157 REDFERN ST REDFERN NSW 2016			CATION:	ALL ETE EVENTS AND WORKPLACES		
ETE RISK MANAGER NAME:	JOEL WHYMAN	ETE P	RODUCTION MANAGER (NAME):			
ETE RISK MANAGER CONTACT (MOBILE):	0418 253 081	ETE P	RODUCTION MANAGER CONTACT (MO	BILE):		
ETE OFFICE CONTACT:		DOES	THE WORK INVOLVE 'HIGH RISK' CONS	STRUCTI	ON WORK – INDICATE BELOW.	
WORK OR TASK DESCRIPTION	CLIMBING OF TRUSS, TRUSS LADDERS, USE OF temporary platforms, use of FALL PROTECTION SYSTEMS.		WORK WHERE POWERED PLANT IS INVOLVED		WORKING AT HEIGHT (ABOVE 2M)	×
	USE OF LADDERS, RAISED STAGES AND TEMPORARY PLATFORMS, WORK IN		K NEAR ENERGISED ELECTRICITY		WORK WHERE ASBESTOS COULD BE DISTURBED	
	PROVENTION SYSTEMS	WOR	CARRIED OUT IN CONFINED SPACE		WORK NEAR PRESSURISED GAS	
		WORK IN OR NEAR EXCAVATIONS			WORK CARRIED OUT NEAR ROADS OR WHERE PEDESTRIANS MAY BE AFFECTED	
PERSONAL PROTECTIVE EQUIPMENT (PPE)	HIGH VISIBILITY VESTS OR UNIFORMS		HARD HAT / HELMET		SAFETY EYE WEAR, GOGGLES	
	SAFETY BOOTS		HEARING PROTECTION		GLOVES FOR MANUAL TASKS	
	DUST MASKS		HARNESS KIT		WET WEATHER CLOTHING	
HAVE WORKERS BEEN CONSULTED ABOUT THIS SWMS?	WORKERS: XYES NO	TOOLBOX CONSULTATION PLANNED:			TOOLBOX WILL BE DELIVERED ONSITE PRIOR TO COMMENCEMENT	0
WORKER SIGNATURE(S):	SEE SIGNATURE SECTION FOR INDIVIDUAL INDUCTION RECORDS	DATE SWMS CREATED:			15/04/2021	
PERSON(S) CONSULTED IN THE DEVELOPMENT OF SWMS:	ETE WORKERS, SAFETY CONSULTANT	DATE SWMS ISSUED FOR USE: 15/04/2021			15/04/2021	



PERSON RESPONSIBLE FOR ENSURING	ETE PRODUCTION MANAGER	SWMS REVIEWER (NAME)	JOEL WHYMAN
COMPLIANCE WITH SWMS:	+ WORKERS		
ETE PRODUCTION MANAGER SIGNATURE:		SWMS REVIEWER (SIGNATURE):	Sw

TASK STEPS	POTENTIAL HAZARDS OR RISKS OF EACH STEP	RISK LEVEL	RISK CONTROL MEASURES – TO BE APPLIED TO MINIMISE RISK LEVEL	RISK LEVEL	RESPONSIBLE PERSON
		(BEFORE)		(AFTER)	
	NOTE: RB = RISK RATING B	FORE CONTRO	S IMPLEMENTED - RA = RISK RATING AFTER CONTROLS ARE IMPLEMENTED.		
1. PRE-PLANNING	 INADEQUATE INSTRUCTION LACK OF SAFETY INFORMATION LACK OF VENUE INFORMATION INADEQUATE PPE INADEQUATE CLOTHING 	E5 HIGH RISK	 ALL WORKERS MUST UNDERGO SITE SAFETY INDUCTION PRIOR TO COMMENCEMENT AT EACH VENUE/LOCATION ALL WORKERS MUST UNDERGO INSTRUCTION IN SWMS AND SIGN MASTER COPY CONFIRM PPE – FULL BODY HARNESS, TWIN LANYARD + HEAD PROTECTION CONFIRM WORKERS HAVE SUN-BLOCK ETC. (FOR WORK OUTDOORS) CONFIRM WORKERS HAVE WET WEATHER CLOTHING (FOR RAIN) 	E3 MED RISK	ETE PRODUCTION MANAGER
2. INSPECTION OF CLIMBING STRUCTURE	 PROXIMITY TO MOVING PLANT DIMINISHED LIGHTING OVERHEAD WORK 	E5 HIGH RISK	 CONDUCT PRE-START INSPECTION OF STRUCTURE TO BE CLIMBED ENSURE CLIMBING AREA IS WELL LIT AND SUITABLE FOR ETE WORKERS ENSURE CLIMBING AREA IS NOT NEAR MOVING PLANT OR OVERHEAD WORK SPEAK TO LIGHTING CREW CHIEF ABOUT CLIMBING TASK TO BE PERFORMED DISCUSS USE OF FALL PROTECTION SYSTEM 	E3 MED RISK	ETE PRODUCTION MANAGER



TASK STEPS	POTENTIAL HAZARDS OR RISKS OF EACH STEP	RISK LEVEL (BEFORE)	RISK CONTROL MEASURES – TO BE APPLIED TO MINIMISE RISK LEVEL	RISK LEVEL (AFTER)	RESPONSIBLE PERSON
3. INSPECTION OF FALL PROTECTION EQUIPMENT	 FAILURE OF HARDWARE INCORRECT ASSEMBLY LOOSE ITEMS IN POCKET POOR CHECKS AND INSPECTIONS 	E5 HIGH RISK	 CONDUCT PRE-START INSPECTION OF HARNESS, CONNECTORS AND LANYARD SYSTEM CONDUCT BUDDY CHECK – ETE WORKERS TO CROSS CHECK HARNESS ETC. ENSURE HARNESS IS PROPERLY FITTED AND ADJUSTED CORRECTLY CHECK POCKETS AND REMOVE ALL LOOSE ITEMS TOOLS MUST BE FITTED WITH A SAFETY LANYARD ALL CONNECTORS & KARABINERS CHECKED AND REQUIRED FOR TASK ROPE REQUIRED FOR TASK – SELECT SUITABLE ROPE LENGTH 	E3 MED RISK	ETE PRODUCTION MANAGER + WORKERS
4. DEVELOP RESCUE PLAN AND COMMUNICATE	 CONFUSION DURING INCIDENT POOR PLANNING POOR INCIDENT RESPONSE POOR CONSULTATION. 	E5 HIGH RISK	 DISCUSS INTENDED CLIMBING TASK WITH ETE TEAM MATES IS AN ELEVATED WORK PLATFORM AVAILABLE AND COULD BE USED? CAN THE TASK BE PERFORMED BY OTHER CLIMBERS (RIGGERS OR LIGHTING CREW)? WHAT IS TO BE COMPLETED AND BY WHEN? WHAT IS GOING TO BE CLIMBED? WHAT SAFETY SYSTEMS ARE IN PLACE? – INERTIA REELS + HORIZONTAL SAFETY ETC? DEVELOP RESCUE PLAN AND PROCEDURES FOR PERSON CLIMBING DISCUSS RESCUE SCENARIOS WITH VENUE/CLIENT AND TEAM MATES DEPLOY SPOTTER TO ACT AS GROUND PERSON FOR INTENDED CLIMB. 	E3 MED RISK	ETE PRODUCTION MANAGER + WORKERS
5. CLIMB TRUSS LADDER	 INCORRECT TECHNIQUE POOR LIGHTING POOR SUPERVISION WORKER FALL FROM LADDER 	E5 HIGH RISK	 GROUND PERSON TO CONNECT INERTIA REEL TO REAR DORSAL ON HARNESS FOOT LADDER TO EASE CLIMBING AND SWINGING GRIP LADDER (MIXED GRIP) ONE HAND ON FRONT, ONE HAND ON BACK POSITION ONE FOOT ON FRONT AND ONE ON REAR AND COMMENCE CLIMBING AT TOP OF LADDER PAUSE TO OBSERVE BEST TRANSFER HAND POSITION GRIP TRUSS CHORD AND RAISE BODY TO SIT ON TOP OF TRUSS 	E3 MED RISK	ETE PRODUCTION MANAGER + WORKERS
					1



TASK STEPS	POTENTIAL HAZARDS OR RISKS OF EACH STEP	RISK LEVEL (BEFORE)	RISK CONTROL MEASURES – TO BE APPLIED TO MINIMISE RISK LEVEL	RISK LEVEL (AFTER)	RESPONSIBLE PERSON
6. TRAVERSE TRUSS	 INCORRECT TECHNIQUE POOR LIGHTING POOR SUPERVISION WORKER FALL FROM TRUSS POOR RESCUE PLANNING 	E5 HIGH RISK	 CLIMBER TO CONNECT LANYARD TO HORIZONTAL SAFETY LINE IF HORIZONTAL LINE IS NOT PRESENT – ATTACH TWIN LANYARDS TO TRUSS AND CLIMB USING INTERCHANGE TECHNIQUE. IF HORIZONTAL SAFETY PRESENT – CRAWL ALONG TRUSS. MAINTAIN GOOD GRIP ON TRUSS AND PLACE FEET ON TRUSS BRACES. ONCE IN FINAL POSITION – ATTACH TWIN LANYARDS AND COMMENCE TASK. 	E3 MED RISK	ETE PRODUCTION MANAGER + WORKERS
7. LOWER OR RAISE CABLE	 PERSONAL INJURY MUSCULAR SKELETAL DISORDER BURN DROPPED CABLE 	C2 MED RISK	 TAKE A COMFORTABLE STABLE POSITION ON TRUSS GRIP CABLE WITH BOTH ENDS LIFT AND RAISE EXCESS CABLE (SWAG) ONTO THE TRUSS COIL CABLE INTO LARGE CIRCLE ON TOP OF TRUSS ONCE ALL CABLE IS ON TOP – TAPE CABLE TO TRUSS OR SLING WITH SPANSET 	D2 LOW RISK	WORKERS
8.USE OF ROPE TO RAISE OR LOWER EQUIPMENT	 PERSONAL INJURY MUSCULAR SKELETAL DISORDER BURN DROPPED OBJECT OR TOOL 	C3 HIGH RISK	 TAKE A COMFORTABLE STABLE POSITION ON TRUSS UNDO ROPE AND LOWER END TO THE GROUND FOR HEAVY ITEMS – SET UP PULLEY FOR GROUND PERSON TO USE GROUND PERSON TO ATTACH PART, CABLE OR TOOL TO ROPE. USE CANVAS KLEIN BAG FOR SMALL ITEMS. CLIMBER TO RAISE OBJECT TO TRUSS OR WHERE INSTALLED – GROUND PERSON TO RAISE THE OBJECT TO CLIMBER. 	D3 MED RISK	WORKERS
9.WORK ON TEMPORARY PLATFORM					

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PERSONAL QUALIFICATIONS AND EXPERIENCE:	DUTIES AND RESPONSIBILITIES:	Training Required to Complete Work:				
 CARRYING AND PUSHING GENERAL EVENT EXPERIENCE WORK AT HEIGHT TRAINING 	 ALL WORKERS MUST FOLLOW VENUE GUIDELINES AT ALL TIMES ALL WORKERS MUST COMPLY FULLY WITH THIS SAFE WORK METHOD STATEMENT ALL WORKERS MUST FOLLOW DIRECTIONS FROM THE SAFETY OFFICER OR DESIGNATED PERSON FROM THE CLIENT OR VENUE WEAR PPE AS DIRECTED (AT ALL TIMES) 	TRAINING IN: THIS SWMS WORK AT HEIGHT GENERAL WORKPLACE SAFETY				
ENGINEERING DETAILS/ CERTIFICATES/SAFE WORK NSW APPROVALS:	APPLICABLE CODES OF PRACTICE, LEGISLATION:					
-	 HOW TO MANAGE WHS RISKS – CODE OF PRACTICE WORK HEALTH AND SAFETY CONSULTATION, COORDINATION AND COOPERATION – CODE OF PRACTICE (NSW) WHS ACT 2011 & WHS REG 2017, (VIC) OHS ACT 2004 & OHS REG 2017, (QLD) WHS ACT 2011 & WHS REG 2011 MANAGING THE RISKS OF FALLS AT WORKPLACES – CODE OF PRACTICE 					
PERSONAL PROTECTIVE EQUIPMENT	MAINTENANCE CHECKS AND REGIME:					
ALL WORKER MUST WEAR HEAD PROTECTION WJHEN CLIMBING AND USING FALL PROTECTION	 INSPECT HARNESS FITTING AND ADJUSTMENT INSPECT ALL CONNECTORS, LANYARDS AND TOOLS INSPECT TRUSS OR STRUCTURE TO BE CLIMBED INSPECT WORK AREA AND AVAILABILITY OF MOBILE PLANT 					



ETE THE ELEPHANT 1206/157 REDFERN ST REDFERN NSW 2016		APPLICATION:		ALL ETE EVENTS AND WORKPLACES		
RISK MANAGER NAME:	JOEL WHYMAN	ETE PI	RODUCTION MANAGER (NAME):			
RISK MANAGER CONTACT (MOBILE):	0418 253 081	ETE PI	RODUCTION MANAGER CONTACT (MC	DBILE):		
OFFICE CONTACT:		DOES	THE WORK INVOLVE 'HIGH RISK' CON	STRUCT	ION WORK – INDICATE BELOW.	
WORK OR TASK DESCRIPTION	OPERATION OF FORKLIFT WITHIN ETE WORKPLACES AND EVENTS TO MOVE EQUIPMENT.	WORK WHERE POWERED PLANT IS INVOLVED			WORKING AT HEIGHT (ABOVE 2M)	
		WORK NEAR ENERGISED ELECTRICITY			WORK WHERE ASBESTOS COULD BE DISTURBED	
		WORK CARRIED OUT IN CONFINED SPACE			WORK NEAR PRESSURISED GAS	
		WORK	IN OR NEAR EXCAVATIONS		WORK CARRIED OUT NEAR ROADS OR WHERE PEDESTRIANS MAY BE AFFECTED	
PERSONAL PROTECTIVE EQUIPMENT (PPE)	HIGH VISIBILITY VESTS OR UNIFORMS		HEAD PROTECTION		SAFETY EYE WEAR, GOGGLES	
	SAFETY BOOTS		HEARING PROTECTION		GLOVES FOR MANUAL TASKS	
	DUST MASKS		HARNESS KIT		WET WEATHER CLOTHING	
HAVE WORKERS BEEN CONSULTED ABOUT THIS SWMS?	workers: ⊠yes □no	TOOLBOX CONSULTATION PLANNED:		TOOLBOX WILL BE DELIVERED ONSITE PRIOR TO COMMENCEMENT		
WORKER SIGNATURE(S):	SEE SIGNATURE SECTION FOR INDIVIDUAL INDUCTION RECORDS	DATE SWMS CREATED:		15/05/2021		
PERSON(S) CONSULTED IN THE DEVELOPMENT OF SWMS:	ETE WORKERS, SAFETY CONSULTANT	DATE	SWMS ISSUED FOR USE:		15/04/2021	



PERSON RESPONSIBLE FOR ENSURING COMPLIANCE WITH SWMS:	ETE PRODUCTION MANAGER + WORKERS	SWMS REVIEWER (NAME)	JOEL WHYMAN
PRODUCTION MANAGER SIGNATURE:		SWMS REVIEWER (SIGNATURE):	-Sw



TASK STEPS	POTENTIAL HAZARDS OR RISKS OF EACH STEP	RISK LEVEL (BEFORE)	CONTROL MEASURES - STEPS TO FOLLOW SAFETY CHECKS		RESPONSIBLE PERSON
	NOTE: RB = RISK RATING BEI	FORE CONTROLS	IMPLEMENTED - RA = RISK RATING AFTER CONTROLS ARE IMPLEMENTED.	•	
1. PRE-PLANNING	 INADEQUATE INSTRUCTION LACK OF SAFETY INFO LACK OF VENUE INFO GENERAL WORKERS AND PUBLIC IN OPERATING AREA 	E5 HIGH RISK	 ALL FORKLIFT OPERATORS MUST UNDERGO SITE SAFETY INDUCTION AT VENUE/LOCATION ALL OPERATORS MUST UNDERGO INSTRUCTION IN SWMS AND SIGN MASTER COPY FORKLIFT HIGH RISK LICENSE VERIFIED WITH ETE PRODUCTION MANAGER OPERATING AREA IDENTIFIED AND VERIFIED WITH VENUE LEAD OR CLIENT ESTABLISH SITE SPEED LIMIT AND VENUE OPERATING REQUIREMENTS 	E3 MED RISK	CLIENT OPERATOR
2. INSPECTION OF FORKLIFT	 TYRES DAMAGED OR FLAT CONTROLS FAULTY OR NON- FUNCTIONING BRAKES FAULTY GAUGES & LIGHTS FAULTY TYNES DAMAGED 	E5 HIGH RISK	 PRE-START INSPECTION OF FORKLIFT – WALK AROUND AND CONDUCT VISUAL INSPECT AND COMPLETE LOG BOOK – CHECK FOR RECENT REPAIRS INSPECT ALL AREAS AND COMPONENTS OF FORKLIFT COMPLETE MANDATORY DAILY PRE-START CHECKLIST – ENTER INTO LOG BOOK CHECK ALL CONTROLS, BRAKES AND FORWARD AND REVERSE CHECK OPERATION OF ALL ELEMENTS OF FORKLIFT 	E3 MED RISK	OPERATOR
3. INSPECTION OF VENUE AND ELECTRICITY	 COLLISION WITH POWER LINE COLLISION WITH VENUE ASSETS 	E5 HIGH RISK	 DISCUSS OPERATING AREA WITH VENUE LEAD OR CLIENT DO NOT OPERATE IN AREAS DEEMED "NO GO" ZONES OF ELECTRICAL POWER LINES UNLESS DE-ENERGIZED. ALLOCATE AND BRIEF SPOTTER ON ALL VENUE ASSETS AND WORK AREAS 	E3 MED RISK	OPERATOR
4. EXCLUSION ZONE SET UP	 COLLISION WITH WORKER UNAUTHORISED PERSON IN AREA. 	E5 HIGH RISK	 ESTABLISH FORKLIFT OPERATING AREA WHERE POSSIBLE – OPERATING AREA SHOULD BE ISOLATED USING FENCING, CROWD CONTROL BARRICADE OR TAPE & BOLLARDS ENSURE THAT VENUE AND OTHER WORKERS ARE AWARE OF FORKLIFT OPERATING AREA CEASE ALL FORKLIFT OPERATIONS IF UN-AUTHORISED PERSON ENTERS AREA 	E3 MED RISK	OPERATOR VENUE/CLIENT



TASK STEPS	POTENTIAL HAZARDS OR RISKS OF EACH STEP	RISK LEVEL (BEFORE)	CONTROL MEASURES - STEPS TO FOLLOW SAFETY CHECKS	RISK LEVEL (AFTER)	RESPONSIBLE PERSON
5.GENERAL OPERATION OF FORKLIFT	 ROLL OVER OF FORKLIFT DAMAGE TO ESSENTIAL SERVICES DROPPING OF TOOLS 	E5 HIGH RISK	 DISCUSS FORKLIFT USE AND GROUND SURFACES WITH VENUE LEAD/CLIENT VERIFY THE GROUND SURFACE/FLOOR IS SUITABLE FOR THE WEIGHT OF FORKLIFT AND THE INTENDED LOAD CAPACITY CONFIRM THAT THE GROUND/FLOOR IS CAPABLE OF HANDLING THE WEIGHT OF THE FORKLIFT (ENGINEERING OR FLOOR LOADING) DO NOT DRIVE OR OPERATE ANY FORKLIFT IN EXTERNAL AREAS ON UN-EVEN GROUND – CONTACT ETE PRODUCTION MANAGER. MONITOR GROUND SURFACE DURING USE AND REPORT ANY DAMAGE OR CONCERNS TO VENUE LEAD OR CLIENT DO NOT COMMENCE WORK IN AREAS WHERE OTHER ACTIVITIES (TRENCHING) MAY HAVE AFFECTED THE INTEGRITY OF THE GROUND. 	E3 MED RISK	OPERATOR VENUE
6.GENERAL OPERATION OF FORKLIFT	 CONTROLS NOT WORKING INEXPERIENCE POOR OPERATION POOR SPOTTING AND ASSISTANCE DURING MOVEMENT 	E5 HIGH RISK	 SIT IN FORKLIFT AND CONNECT WAIST BELT OBSERVE TRAVEL AREA AND INTENDED PATHWAY ADJUST MIRRORS TO SEE AT REAR OF FORKLIFT START FORKLIFT AND PUT INTO GEAR, TAKE OFF BREAK RAISE TYNES 300MM OFF GROUND SURFACE BEFORE MOVING APPROACH LOAD OR TRUCK WITH CAUTION AND ENSURE WORKERS SEE FORKLIFT SOUND HORN WHERE BLIND SPOTS EXIST OR TO WARN CO-WORKERS MAINTAIN SLOW SPEED AT ALL TIMES WHEN MOVING LOADS REVERSE WHEN LOAD OBSCURES OPERATORS VISION 	E3 MED RISK	OPERATOR
7.GENERAL OPERATION OF FORKLIFT	 ENVIRONMENTAL DAMAGE RELEASE OF FUEL/OIL 	E5 HIGH RISK	 DISCUSS USE OF SPILL KIT WITH VENUE LEAD OR CLIENT IDENTIFY PROCESS FOR REPORTING SPILL AT VENUE IF A FUEL OR OIL SPILL OCCURS - STOP THE FORKLIFT IMMEDIATELY AND LOWER TYNES TO GROUND TURN OFF FORKLIFT IMMEDIATELY USE SPILL KIT TO TRAP/CONTAIN FUEL OR OIL 	E3 MED RISK	OPERATOR VENUE
8.LIFTING AND LOWERING LOADS	 LOAD RELEASE FROM TYNES FORKLIFT OVER BALANCE IMPACT WITH TRUCK 	E3 MED RISK	 APPROACH VEHICLE CAREFULLY AND AVOID MAKING CONTACT CENTRE TYNES AND GENTLY, APPLY HANDBRAKE, TAKE WEIGHT WITH FORKLIFT TILT BACK TO ENSURE THAT LOAD AND WEIGHT IS BACK ON FORKLIFT 	E2 LOW RISK	OPERATOR



TASK STEPS	POTENTIAL HAZARDS OR RISKS OF EACH STEP	RISK LEVEL (BEFORE)	CONTROL MEASURES - STEPS TO FOLLOW SAFETY CHECKS	RISK LEVEL (AFTER)	RESPONSIBLE PERSON
			 CAREFULLY LIFT OR REMOVE LOAD FROM VEHICLE REMOVE HANDBRAKE CAREFULLY REVERSE BACK AWAY FROM TRUCK SLOWLY LOWER LOAD TO LOWEST POINT READY FOR MOVEMENT MOVE LOAD TO DESIGNATED AREA (REVERSE IF VIEW IS 		
9. MOVING LOAD INTO POSITION	 LOAD RELEASE FROM TINES FORKLIFT OVER BALANCE PROXIMITY TO WORKERS 	E5 HIGH RISK	 KEEP SPEED SLOW WHEN MOVING LOAD ON FORKLIFT IF LOAD IS HIGH AND OBSCURES VISION – DRIVE CAREFULLY IN REVERSE KEEP CLEAR OF ALL WORKERS AND VEHICLES POSITION LOAD SAFELY IN DESIGNATED AREA AND REMOVE FORKLIFT 	E3 MED RISK	OPERATOR

PERSONAL QUALIFICATIONS AND EXPERIENCE:	DUTIES AND RESPONSIBILITIES:	TRAINING REQUIRED TO COMPLETE WORK:
 HIGH RISK LICENSE (FORKLIFT) GENERAL EVENT EXPERIENCE 	 ALL OPERATORS MUST FOLLOW VENUE GUIDELINES AT ALL TIMES ALL WORKERS MUST COMPLY FULLY WITH THIS SAFE WORK METHOD STATEMENT ALL WORKERS MUST FOLLOW DIRECTIONS FROM THE SAFETY OFFICER OR DESIGNATED PERSON FROM VENUE/CLIENT FORKLIFT MUST BE INSPECTED DAILY PRIOR TO USE ANY DEFECTS OR CONTROL ISSUES MUST BE REPORTED IMMEDIATELY NO EATING, SMOKING OR USING MOBILE PHONE IN FORKLIFT 	 TRAINING IN: THIS SWMS FORKLIFT OPERATION (HIGH RISK LICENSE) GENERAL WORKPLACE SAFETY
ENGINEERING DETAILS/ CERTIFICATES/WORK COVER APPROVALS:	APPLICABLE CODES OF PRACTICE, LEGISLATION:	



	 HOW TO MANAGE WHS RISKS – CODE OF PRACTICE WORK HEALTH AND SAFETY CONSULTATION, COORDINATION AND COOPERATION – CODE OF PRACTICE (NSW) WHS ACT 2011 & WHS REG 2017, (VIC) OHS ACT 2004 & OHS REG 2017, (QLD) WHS ACT 2011 & WHS REG 2011 INDUSTRIAL LIFT TRUCKS – CODE OF PRACTICE MANAGING THE RISKS OF PLANT IN THE WORKPLACE – CODE OF PRACTICE
PERSONAL PROTECTIVE EQUIPMENT	MAINTENANCE CHECKS AND REGIME:
ALL OPERATORS MUST WEAR SAFETY VEST, AND SAFETY FOOTWEAR	DAILY PRE-START INSPECTION CHECKLIST INSPECTION AND USE OF LOG BOOK



ETE THE ELEPHANT 1206/157 REDFERN ST REDFERN NSW 2016		APPLICATION:			ALL ETE EVENTS AND WORKPLACES	
ETE RISK MANAGER NAME:	JOEL WHYMAN	ETE PF	RODUCTION MANAGER (NAME):			
ETE RISK MANAGER CONTACT (MOBILE):	0418 253 081	ETE PF	RODUCTION MANAGER CONTACT (MO	BILE):		
OFFICE CONTACT:		DOES	THE WORK INVOLVE 'HIGH RISK' CONS	STRUCTIO	ON WORK – INDICATE BELOW.	
WORK OR TASK DESCRIPTION	OPERATION OF AN ELEVATED WORK PLATFORM (EWP) IN AND AROUND THE DESIGNATED WORK AREA FOR	WORK INVOL	WHERE POWERED PLANT IS VED		WORKING AT HEIGHT (ABOVE 2M)	
	PURPOSES SUCH AS SERVICING SCREENS, MANAGING CABLING OR ASSISTING WITH RESCUE.	WORK	NEAR ENERGISED ELECTRICITY		WORK WHERE ASBESTOS COULD BE DISTURBED	
		WORK CARRIED OUT IN CONFINED SPACE			WORK NEAR PRESSURISED GAS	
		WORK IN OR NEAR EXCAVATIONS			WORK CARRIED OUT NEAR ROADS OR WHERE PEDESTRIANS MAY BE AFFECTED	
PERSONAL PROTECTIVE EQUIPMENT (PPE)	HIGH VISIBILITY VESTS OR UNIFORMS	HEAD PROTECTION			SAFETY EYE WEAR, GOGGLES	
	SAFETY BOOTS		HEARING PROTECTION		GLOVES FOR MANUAL TASKS	
	DUST MASKS		HARNESS KIT		WET WEATHER CLOTHING	
HAVE WORKERS BEEN CONSULTED ABOUT THIS SWMS?	WORKERS: ⊠YES □NO	TOOLBOX CONSULTATION PLANNED:			TOOLBOX WILL BE DELIVERED ONSITE PRIOR TO COMMENCEMENT	C
WORKER SIGNATURE(S):	SEE SIGNATURE SECTION FOR INDIVIDUAL INDUCTION RECORDS	DATE SWMS CREATED:			15/04/2021	
PERSON(S) CONSULTED IN THE DEVELOPMENT OF SWMS:	ETE WORKERS, SAFETY CONSULTANT	DATE SWMS ISSUED FOR USE:			15/04/2021	
PERSON RESPONSIBLE FOR ENSURING COMPLIANCE WITH SWMS:	ETE PRODUCTION MANAGER + WORKERS	SWMS	S REVIEWER (NAME)		JOEL WHYMAN	



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TASK STEPS	POTENTIAL HAZARDS OR RISKS OF EACH STEP	RISK LEVEL (BEFORE)	CONTROL MEASURES - STEPS TO FOLLOW SAFETY CHECKS	RISK LEVEL (AFTER)	RESPONSIBLE PERSON				
	NOTE: RB = RISK RATING BEFORE CONTROLS IMPLEMENTED - RA = RISK RATING AFTER CONTROLS ARE IMPLEMENTED.								
1. PRE-PLANNING	 INADEQUATE INSTRUCTION LACK OF SAFETY INFO LACK OF VENUE INFO GENERAL WORKERS AND PUBLIC IN SCISSOR LIFT AREA 	E5 HIGH RISK	 ALL EWP OPERATORS MUST UNDERGO SITE SAFETY INDUCTION AT VENUE/LOCATION ALL OPERATORS MUST UNDERGO INSTRUCTION IN SWMS AND SIGN MASTER COPY EWP HIGH RISK LICENSE VERIFIED WITH ETE PRODUCTION MANAGER (11M+) EWP YELLOW CARD VERIFIED WITH ETE PRODUCTION MANAGER (<11M) EWP OPERATING AREA IDENTIFIED AND VERIFIED WITH VENUE LEAD OR CLIENT ESTABLISH SITE SPEED LIMIT AND VENUE OPERATING REQUIREMENTS INSPECT AND FIT HARNESS AND HEAD PROTECTION 	E3 MED RISK	CLIENT OPERATOR				
2. INSPECTION OF EWP	 TYRES DAMAGED OR FLAT CONTROLS FAULTY OR NON- FUNCTIONING BRAKES FAULTY GAUGES & LIGHTS FAULTY 	E5 HIGH RISK	 PRE-START INSPECTION OF EWP – CHECKING TYRES AND CHASSIS – WALK AROUND EWP INSPECT AND COMPLETE LOG BOOK – CHECK FOR RECENT REPAIRS INSPECT ALL AREAS AND COMPONENTS OF EWP COMPLETE MANDATORY DAILY PRE-START CHECKLIST – ENTER INTO LOG BOOK CHECK ALL CONTROLS, BRAKES AND FORWARD AND REVERSE CHECK OPERATION OF ALL ELEMENTS OF EWP CHECK EMERGENCY SHUT OFF AND 	E3 MED RISK	OPERATOR				
3. INSPECTION OF VENUE AND ELECTRICITY	 COLLISION WITH POWER LINE COLLISION WITH VENUE ASSETS 	E5 HIGH RISK	 DISCUSS EWP OPERATING AREA WITH VENUE LEAD OR CLIENT DO NOT OPERATE EWP IN AREAS DEEMED "NO GO" ZONES OF ELECTRICAL POWER LINES UNLESS DE-ENERGIZED. ALLOCATE AND BRIEF SPOTTER ON ALL VENUE ASSETS AND WORK AREAS 	E3 MED RISK	OPERATOR				
4. EXCLUSION ZONE SET UP	 COLLISION WITH WORKER UNAUTHORISED PERSON IN EWP AREA. 	E5 HIGH RISK	 ESTABLISH EWP OPERATING AREA WHERE POSSIBLE – EWP AREA SHOULD BE ISOLATED USING FENCING, CROWD CONTROL BARRICADE OR TAPE & BOLLARDS ENSURE THAT VENUE AND OTHER WORKERS ARE AWARE OF EWP 	E3 MED RISK	OPERATOR VENUE/CLIENT				



			OPERATING AREA		
			4. CEASE ALL EWP OPERATIONS IF UN-AUTHORISED PERSON ENTERS		
			AREA		
5.GENERAL OPERATION OF EWP	 ROLL OVER OF EWP DAMAGE TO ESSENTIAL SERVICES DROPPING OF TOOLS 	E5 HIGH RISK	 DISCUSS EWP USE AND GROUND SURFACES WITH VENUE LEAD/CLIENT VERIFY THE GROUND SURFACE/FLOOR IS SUITABLE FOR THE EWP TYPE CONFIRM THAT THE GROUND/FLOOR IS CAPABLE OF HANDLING THE WEIGHT OF THE EWP (ENGINEERING OR FLOOR LOADING) DO NOT DRIVE OR OPERATE THE EWP IN EXTERNAL AREAS ON UN- EVEN GROUND – CONTACT ETE PRODUCTION MANAGER. MONITOR GROUND SURFACE DURING USE AND REPORT ANY DAMAGE OR CONCERNS TO VENUE LEAD DO NOT COMMENCE WORK IN AREAS WHERE OTHER ACTIVITIES (TRENCHING) MAY HAVE AFFECTED THE INTEGRITY OF THE GROUND. 	E3 MED RISK	OPERATOR VENUE
6.GENERAL OPERATION OF EWP	 CONTROLS NOT WORKING INEXPERIENCE POOR OPERATION POOR SPOTTING AND ASSISTANCE DURING MOVEMENT 	E5 HIGH RISK	 STAND IN EWP AND POSITION BODY SO DEAD MANS SWITCH IS ACCESSIBLE ATTACH LANYARD/KARABINER TO DESIGNATED ATTACHMENT POINT START EWP AND ENSURE CONTROLS ARE ALL FUNCTIONAL DEPLOY SPOTTER TO ASSIST WITH EWP MOVEMENT THROUGH WORK SPACE SOUND HORN WHERE BLIND SPOTS EXIST OR TO WARN CO-WORKERS MAINTAIN SLOW SPEED AT ALL TIMES WHEN MOVING MAINTAIN EWP ON SOLID EVEN GROUND ONLY MAINTAIN SAFE DISTANCE FROM VENUE ASSETS AND BUILDING CEILING KEEP AREA UNDERNEATH EWP CLEAR OF ALL PERSONNEL 	E3 MED RISK	OPERATOR
7.GENERAL OPERATION OF EWP	 ENVIRONMENTAL DAMAGE RELEASE OF FUEL/OIL 	E5 HIGH RISK	 DISCUSS USE OF SPILL KIT WITH VENUE LEAD IDENTIFY PROCESS FOR REPORTING SPILL AT VENUE IF A FUEL OR OIL SPILL OCCURS STOP THE EWP IMMEDIATELY AND BRING BUCKET TO GROUND TURN OFF EWP IMMEDIATELY USE SPILL KIT TO TRAP/CONTAIN FUEL OR OIL 	E3 MED RISK	OPERATOR VENUE
	MANUAL TASKS SCISSOR LIFT OVER BALANCE	E3 MED	1. CAREFULLY PASS EQUIPMENT ONTO EWP PLATFORM AT GROUND LEVEL	E2 LOW	OPERATOR



8.USING EWP TO RUN CABLE OR REPLACE LED TILES	 IMPACT WITH WORKER DROPPED EQUIPMENT IMPACT WITH TREE OR VENUE ASSETS 	RISK	 ENSURE ALL EQUIPMENT IS WITHIN PLATFORM CONFINES ENSURE LOAD CAPACITY OF EWP IS NOT EXCEEDED BRIEF ASSISTANT IN EWP PRIOR TO MOVEMENT BRIEF SPOTTER PRIOR TO MOVEMENT IN WORK SPACE POSITION EWP BELOW DESIRED LOCATION CHECK ALL DIRECTIONS PRIOR TO RAISING GENTLY RAISE PLATFORM TO DESIRED HEIGHT COMPLETE TASK AND GENTLY LOWER EWP TO GROUND LEVEL MOVE TO NEXT TASK AT GROUND LEVEL (AND REPEAT) KEY – ETE WORKERS ARE NOT TO EXIT AN EWP AT HEIGHT – REFER TO MANAGEMENT. 	RISK	
7.POST USE OF EWP	 UNAUTHORISED USE BLOCKAGE OF VENUE CORRIDOR 	E3 MED RISK	 DISCUSS PARKING OF EWP WITH VENUE OR CLIENT MOVE EWP TO APPROVED PARKING AREA INSPECT AREAS IN AND AROUND PARKING LOCATION (ESPECIALLY ABOVE) RAISE EWP BUCKET/CAGE VERTICALLY TO 6M HEIGHT (MIN) TURN OFF EWP – REMOVE KEY (IF ABLE) 	E2 LOW RISK	OPERATOR VENUE

PERSONAL QUALIFICATIONS AND EXPERIENCE:	DUTIES AND RESPONSIBILITIES:	TRAINING REQUIRED TO COMPLETE WORK:
 HIGH RISK LICENSE EWP +11M YELLOW CARD <11M GENERAL EVENT EXPERIENCE 	 ALL OPERATORS MUST FOLLOW VENUE GUIDELINES AT ALL TIMES ALL WORKERS MUST COMPLY FULLY WITH THIS SAFE WORK METHOD STATEMENT ALL WORKERS MUST FOLLOW DIRECTIONS FROM THE SAFETY OFFICER OR DESIGNATED PERSON FROM VENUE/CLIENT EWP MUST BE INSPECTED DAILY PRIOR TO USE ANY DEFECTS OR CONTROL ISSUES MUST BE REPORTED IMMEDIATELY NO EATING, SMOKING OR USING MOBILE PHONE IN EWP 	TRAINING IN: THIS SWMS EWP OPERATION GENERAL WORKPLACE SAFETY



ENGINEERING DETAILS/ CERTIFICATES/WORK COVER APPROVALS:	APPLICABLE CODES OF PRACTICE, LEGISLATION:
-	 HOW TO MANAGE WHS RISKS – CODE OF PRACTICE WORK HEALTH AND SAFETY CONSULTATION, COORDINATION AND COOPERATION – CODE OF PRACTICE (NSW) WHS ACT 2011 & WHS REG 2017, (VIC) OHS ACT 2004 & OHS REG 2017, (QLD) WHS ACT 2011 & WHS REG 2011 INDUSTRIAL LIFT TRUCKS – CODE OF PRACTICE MANAGING THE RISKS OF PLANT IN THE WORKPLACE – CODE OF PRACTICE
PERSONAL PROTECTIVE EQUIPMENT	MAINTENANCE CHECKS AND REGIME:
ALL OPERATORS MUST WEAR SAFETY VEST, HEAD PROTECTION AND FULL BODY HARNESS	DAILY PRE-START INSPECTION CHECKLIST INSPECTION AND USE OF LOG BOOK



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ETE THE ELEPHANT 1206/157 REDFERN ST REDFERN NSW 2016		APPLICATION:			ALL ETE EVENTS AND WORKPLACES		
ETE RISK MANAGER NAME:	JOEL WHYMAN	ETE PF	RODUCTION MANAGER (NAME):				
ETE RISK MANAGER CONTACT (MOBILE):	0418 253 081	ETE PF	RODUCTION MANAGER CONTACT (MO	BILE):			
OFFICE CONTACT:		DOES	THE WORK INVOLVE 'HIGH RISK' CONS	STRUCTIO	ON WORK – INDICATE BELOW.		
WORK OR TASK DESCRIPTION	OPERATION OF AN SCISSOR LIFT IN AND AROUND THE DESIGNATED WORK AREA FOR PURPOSES SUCH AS SERVICING	ID WORK WHERE POWERED PLANT IS INVOLVED		WORKING AT HEIGHT (ABOVE 2M)			
	SCREENS, MANAGING CABLING OR ASSISTING WITH RESCUE.		NEAR ENERGISED ELECTRICITY		WORK WHERE ASBESTOS COULD BE DISTURBED		
		WORK CARRIED OUT IN CONFINED SPACE			WORK NEAR PRESSURISED GAS		
			WORK IN OR NEAR EXCAVATIONS		WORK CARRIED OUT NEAR ROADS OR WHERE PEDESTRIANS MAY BE AFFECTED		
PERSONAL PROTECTIVE EQUIPMENT (PPE)	HIGH VISIBILITY VESTS OR UNIFORMS		HEAD PROTECTION		SAFETY EYE WEAR, GOGGLES		
	SAFETY BOOTS		HEARING PROTECTION		GLOVES FOR MANUAL TASKS		
	DUST MASKS		HARNESS KIT		WET WEATHER CLOTHING		
HAVE WORKERS BEEN CONSULTED ABOUT THIS SWMS?	WORKERS: ⊠YES □NO	TOOLBOX CONSULTATION PLANNED:		•	TOOLBOX WILL BE DELIVERED ONSITE PRIOR TO COMMENCEMENT	כ	
WORKER SIGNATURE(S):	SEE SIGNATURE SECTION FOR INDIVIDUAL INDUCTION RECORDS	DATE SWMS CREATED:			15/04/2021		
PERSON(S) CONSULTED IN THE DEVELOPMENT OF SWMS:	ETE WORKERS, SAFETY CONSULTANT	DATE SWMS ISSUED FOR USE:			15/04/2021		
PERSON RESPONSIBLE FOR ENSURING COMPLIANCE WITH SWMS:	ETE PRODUCTION MANAGER + WORKERS	SWMS	S REVIEWER (NAME)		JOEL WHYMAN		



ETE PRODUCTION MANAGER SIGNATURE:	SWMS REVIEWER (SIGNATURE):	



TASK STEPS	POTENTIAL HAZARDS OR RISKS OF EACH STEP	RISK LEVEL (BEFOR E)	CONTROL MEASURES - STEPS TO FOLLOW SAFETY CHECKS	RISK LEVEL (AFTER)	RESPONSIBLE PERSON					
	NOTE: RB = RISK RATING BEFORE CONTROLS IMPLEMENTED - RA = RISK RATING AFTER CONTROLS ARE IMPLEMENTED.									
1. PRE-PLANNING	 INADEQUATE INSTRUCTION LACK OF SAFETY INFORMATION LACK OF VENUE INFORMATION GENERAL WORKERS AND STAFF IN SCISSOR LIFT AREA 	E5 HIGH RISK	 ALL OPERATORS MUST UNDERGO SITE SAFETY INDUCTION ALL OPERATORS MUST UNDERGO INSTRUCTION IN SWMS AND SIGN MASTER COPY SCISSOR LIFT YELLOW CARD VERIFIED WITH ETE PRODUCTION MANAGER SCISSOR LIFT OPERATING AREA IDENTIFIED AND ISOLATED FROM GENERAL WORKERS ESTABLISH SITE SPEED LIMIT AND OPERATING REQUIREMENTS IDENTIFY SPOTTER FOR MOVEMENT WITHIN EVENT SPACE FIT HEAD PROTECTION 	E3 MED RISK	ETE OPERATOR					
2. INSPECTION OF SCISSOR LIFT	 TYRES DAMAGED OR FLAT CONTROLS FAULTY OR NON FUNCTIONING BRAKES FAULTY GAUGES & LIGHTS 	E5 HIGH RISK	 CONDUCT PRE-START INSPECTION OF SCISSOR LIFT – CHECKING TYRES AND CHASSIS INSPECT AND COMPLETE LOG BOOK AS PER PROVIDERS REQUIREMENTS INSPECT ALL AREAS AND COMPONENTS OF SCISSOR LIFT COMPLETE MANDATORY DAILY PRE-START CHECKLIST CHECK ALL CONTROLS, BRAKES AND FORWARD AND REVERSE 	E3 MED RISK	OPERATOR					
3. GENERAL OPERATION OF SCISSOR LIFT	 ROLL OVER DURING MOVEMENT WORKERS IN AREA WORKERS UNAWARE OF SCISSOR LIFT POOR OPERATION 	E5 HIGH RISK	 STAND IN SCISSOR LIFT AND POSITION BODY AROUND CONTROLS START SCISSOR LIFT AND ENSURE CONTROLS ARE ALL FUNCTIONAL DEPLOY SPOTTER TO ASSIST WITH SCISSOR LIFT MOVEMENT THROUGH EVENT SPACE SOUND HORN WHERE BLIND SPOTS EXIST OR TO WARN CO-WORKERS MAINTAIN SLOW SPEED AT ALL TIMES WHEN MOVING MOVE SCISSOR LIFT AT GROUND LEVEL ONLY MAINTAIN SCISSOR LIFT ON SOLID EVEN GROUND ONLY 	E3 MED RISK	OPERATOR					
4. USING SCISSOR LIFT TO REPLACE TILES OR CABLING	 MANUAL TASKS SCISSOR LIFT OVER BALANCE IMPACT WITH WORKER DROPPED EQUIPMENT 	E3 MED RISK	 CAREFULLY PASS EQUIPMENT ONTO PLATFORM ENSURE ALL EQUIPMENT IS WITHIN PLATFORM CONFINES ENSURE LOAD CAPACITY OF SCISSOR LIFT IS NOT EXCEEDED BRIEF ASSISTANT IN SCISSOR LIFT PRIOR TO MOVEMENT BRIEF SPOTTER PRIOR TO MOVEMENT IN EVENT SPACE 	E2 LOW RISK	OPERATOR					



٠	IMPACT WITH ROOF OR VENUE	6.	POSITION SCISSOR LIFT BELOW DESIRED LOCATION	
	ASSETS	7.	CHECK ALL DIRECTIONS PRIOR TO RAISING	
		8.	GENTLY RAISE PLATFORM TO DESIRED HEIGHT	
		9.	COMPLETE TASK AND GENTLY LOWER SCISSOR LIFT TO GROUND LEVEL	
		10.	MOVE TO NEXT TASK AT GROUND LEVEL (AND REPEAT)	

PERSONAL QUALIFICATIONS AND EXPERIENCE:	DUTIES AND RESPONSIBILITIES:	TRAINING REQUIRED TO COMPLETE WORK:
 YELLOW CARD COMPETENCY USING AND DRIVING SCISSOR LIFT IN THE EVENT SPACE GENERAL EVENT EXPERIENCE 	 ALL OPERATORS MUST FOLLOW VENUE GUIDELINES AT ALL TIMES ALL WORKERS MUST COMPLY FULLY WITH THIS SAFE WORK METHOD STATEMENT ALL WORKERS MUST FOLLOW DIRECTIONS FROM THE SAFETY OFFICER OR DESIGNATED PERSON FROM WARNER BROS. SCISSOR LIFTS MUST BE INSPECTED DAILY PRIOR TO USE ANY DEFECTS OR CONTROL ISSUES MUST BE REPORTED IMMEDIATELY NO EATING, SMOKING OR USING MOBILE PHONE IN SCISSOR LIFT 	TRAINING IN: THIS SWMS SCISSOR LIFT OPERATION GENERAL WORKPLACE SAFETY
ENGINEERING DETAILS/ CERTIFICATES/WORK COVER APPROVALS:	APPLICABLE CODES OF PRACTICE, LEGISLATION:	
-	 HOW TO MANAGE WHS RISKS – CODE OF PRACTICE WORK HEALTH AND SAFETY CONSULTATION, COORDINATION AND COOPERATI (NSW) WHS ACT 2011 & WHS REG 2017, (VIC) OHS ACT 2004 & OHS REG 2017, PREVENTION OF FALLS IN THE WORKPLACE - CODE OF PRACTICE MANAGING THE RISKS OF PLANT IN THE WORKPLACE – CODE OF PRACTICE 	ON – CODE OF PRACTICE (QLD) WHS ACT 2011 & WHS REG 2011
PERSONAL PROTECTIVE EQUIPMENT	MAINTENANCE CHECKS AND REGIME:	
ALL SCISSOR LIFT OPERATORS MUST WEAR HEAD PROTECTION	 DAILY PRE-START INSPECTION CHECKLIST INSPECTION AND USE OF LOG BOOK 	

SMWS Worker Acknowledgement and Sign Off

This suite of SWMS documents has been developed in consultation with staff. By signing you agree you have read, understood, and been given the opportunity to contribute to the consultation process, including the recognition and mitigation of any site-specific hazards. Additionally, you agreed to comply with all safety procedures outlined in the document.

First name:	Last name:	Signature:	Induction date:	Inducted by:	Signature:

Assess the Level of Risk

Consider the hazards and risks associated with each step in the task and use the risk matrix below to assess the risk level.

l ikelihood	Consequence					
	1. Insignificant	2.Minor	3.Moderate	4.Major	5.Critical	
A. Almost Certain	Medium	High	High	Extreme	Extreme	
B. Likely	Medium	Medium	High	High	Extreme	
C. Possible	Low	Medium	High	High	High	
D. Unlikely	Low	Low	Medium	Medium	High	
E. Rare	Low	Low	Medium	Medium	High	

Likelihood	Description of Likelihood		Consequence	Description of Consequence
A. Almost Certain	Almost certain to occur within the foreseeable future or within the project lifecycle		5. Critical	Loss of life, permanent disability or multiple serious injuries
B. Likely	Likely to occur within the foreseeable future, or within the project lifecycle		4. Major	Serious injury requiring immediate hospitalisation as in-patient (Notifiable)
C. Possible	May occur within the foreseeable future, or within the project lifecycle		3. Moderate	Moderate injury/illness requiring medical treatment or hospitalisation
D. Unlikely	Not likely to occur within the foreseeable future, or within the project lifecycle		2. Minor	Minor injury requiring First Aid treatment (e.g. minor cuts, bruises, bumps)
E. Rare	Will only occur in exceptional circumstances		1. Insignificant	No treatment required

Risk Level	Description of Risk Level	Actions
Low	If an incident were to occur, there would be little likelihood that an injury would result.	Undertake the activity with the existing controls in place.
Medium	If an incident were to occur, there would be some chance that an injury requiring First Aid would result.	Additional controls may be needed. Liaise with the production manager or safety officer.
High	If an incident were to occur, it would be likely that a serious injury requiring medical treatment would result.	Written approval required from production. Additional risk assessment and controls will be required.
Extreme	If an incident were to occur, it would be likely that a permanent, debilitating injury or death would result.	Not permitted on the production. Significant control measures will need to be implemented to reduce to acceptable levels.

Control the Risk – Select risk controls from below.

	Hierarchy of Control
Most effective (High level)	Elimination: remove the hazard completely from the workplace or activity
	Substitution: replace a hazard with a less dangerous one (e.g. a less hazardous chemical)
	Redesign: making a machine or work process safer (e.g. raise a bench to reduce bending)
	Isolation: separate people from the hazard (e.g. safety barrier)
Least effective (Low level)	Administration: putting rules, signage or training in place to make a workplace safer (e.g. induction training, highlighting trip hazards)
	Personal Protective Equipment (PPE): Protective clothing and equipment (e.g. gloves, hats)

> BE COVID SAFE. HELP NSW STAY IN BUSINESS.



Your COVID-19 Safety Plan

Office environment (including call centres)

Business details

Business name	Eat The Elephant Pty Ltd
Business location (town, suburb or postcode)	The Chocolate Factory, 1A 130-144 Cleveland Street, Chippendale Sydney NSW 2008
Completed by	Finn Coffill
Email address	finn@etehq.com
Effective date	10 December 2020
Date completed	5 January 2021

Wellbeing of staff and visitors

Exclude staff, volunteers and visitors who are unwell.

Staff are to stay at home if unwell and get tested for Covid-19. Anyone presenting to the office or onsite with symptoms is to be immediately isolated, sent to a Covid-19 testing site and required to stay home until a negative test result is returned and symptoms have passed.

Provide staff with information and training on COVID-19, including when to get tested, physical distancing and cleaning.

COVID-19 is a respiratory illness caused by a new virus. It spreads via surfaces and

aerosols. The most effective prevention methods are social distancing, hygiene and PPE.

Overall, symptoms range from mild illness to pneumonia. Some recover easily, whilst others get sick very quickly. NSW Health recommends testing if staff present with any of the following symptoms:

- Fever (body temp above 37°C)
- Runny nose
- Loss of sense of smell or taste
- Sore throat
- Cough
- Shortness of breath
- Fatigue
- Chills or sweats

Physical distancing of 1.5m should be maintained between all staff at all times.

Cleaning & hygiene help prevent the spread of the virus. All staff should practice regular hygiene with soap & water or hand sanitiser. Shared surfaces and objects should be avoided wherever possible, and where unavoidable they should be wiped down with soap & water or disinfectant cleaners between users.

Make staff aware of their leave entitlements if they are sick or required to self-isolate.

Staff cannot be forced to work if feeling unwell. Whilst flexible working arrangements such as working-from-home are encouraged by Eat The Elephant it is the choice of staff to either work from home or to take sick leave. Cases of extended isolation due to a positive test result or contact with a positive case will be assessed individually.

Communicate regularly with staff to remind everyone that you should not attend work if unwell with respiratory symptoms or fever. Encourage testing of all staff with symptoms in line with advice from NSW Health.

We hold daily kickoff meetings with all staff where reminders are provided that they should not attend work if unwell with respiratory symptoms or fever, as well as share updates to advice from NSW Health.

NSW Health recommends that anyone with at least one respiratory symptom, loss of sense of smell or taste, or unexplained fever should be tested for COVID-19.

Physical distancing

Assign workers to specific workstations. If this is not practical, workstations and shared office equipment should be wiped down with disinfectant surface wipes between users.

Physical distancing of 1.5m should be maintained between all staff at all times, office layout has been modified to reflect this, including desks oriented to avoid facing one another.

Cleaning & hygiene help prevent the spread of the virus. All staff should practice regular hygiene with soap & water or hand sanitiser. Shared surfaces and objects should be avoided wherever possible, and where unavoidable they should be wiped down with soap & water or disinfectant cleaners between users.

Use flexible working arrangements where possible, such as working from home or other locations.

Flexible working arrangements such as working-from-home are encouraged by Eat The Elephant. Requirement to attend the office or onsite is dependent on current advice from NSW Health combined with the requirements of the task(s) at hand.

Consider physical, distance or other controls to protect staff and visitors at physical interaction points such as counters or service desks, to maintain social distancing.

Office layout incorporation of physical distancing applies to all staff and visitors. Where visitors attend for meetings the same guidelines should be applied to desks and meeting rooms:

- 1.5m physical distancing
- Occupancy limitations in line with current advice from NSW Health

Where reasonably practical, ensure staff maintain 1.5 metres physical distancing at all times (including at meal breaks).

Physical distancing of 1.5m should be maintained between all staff at all times, including use of the kitchen, shared eating area and when taking breaks outside the premises.

Use telephone or video platforms for essential meetings where practical.

Eat The Elephant utilises extensive collaborative workflows and communication tools such as Microsoft Teams to reduce the requirement for physical interaction amongst staff, clients and partners. We also use any & all client workflows and tools to further support this, including but not limited to Zoom, Hangouts & Webex.

Where reasonably practical, stagger start times and breaks for staff members to minimise the risk of close contact.

Staff are encouraged to measure their contribution to the business by total hours and productive output rather than by specific start/finish times. Breaks are not strictly scheduled, and as such staff are encouraged to stagger breaks as much as possible.

Review regular deliveries and request contactless delivery and invoicing where practical.

Contactless deliveries should always be selected when the option exists.

Ensure that people maintain physical distancing in lifts and lift waiting areas so far as reasonably practicable; display signs near lifts to advise and recommend physical distancing.

Lift signage would be displayed in common areas not managed by Eat The Elephant, as such this is not possible. However all staff are advised to maintain physical distancing at all times including lift waiting areas and within lifts.

Hygiene and cleaning

Provide alcohol-based hand sanitiser at multiple locations throughout the workplace, including entry and exit points.

Alcohol-based hand sanitiser is available throughout the office, including entry/exit points, desks and communal areas. Eat The Elephant always carries additional stock of alcohol-based hand sanitiser and medical wipes for use when visiting other locations.

Provide disinfectant surface wipes to clean workstations and equipment such as phones, keyboard and mouse.

Eat The Elephant always carries stock of disinfectant surface wipes to clean workstations and equipment such as phones, keyboard and mouse.

Clean surfaces thoroughly, particularly all high contact areas such as doors, handles,

kitchen surfaces, bathroom surfaces, printers and lifts with appropriate cleaning agents.

Soap & water, and disinfectant surface wipes are used to clean surfaces thoroughly, particularly all high contact areas such as doors, handles, kitchen surfaces, bathroom surfaces, printers and lifts with appropriate cleaning agents.

Ensure bathrooms are well stocked with hand soap and paper towels, and consider putting up posters with instructions on how to wash hands.

Bathrooms are well stocked with hand soap and paper towels, signage is posted throughout the office (including bathrooms) with instructions on how to effectively wash hands.

Clean frequently used areas at least daily with detergent or disinfectant. Clean frequently touched areas and surfaces several times per day.

Soap & water, and disinfectant surface wipes are used to clean frequently used areas daily. Frequently touched areas and surfaces are cleaned between each user.

Maintain disinfectant solutions at an appropriate strength and use in accordance with the manufacturer's instructions.

Disinfectant solutions requiring staff to mix are not utilised as part of Eat The Elephant's COVID-safety-plan.

Staff are to wear gloves when cleaning and wash hands thoroughly before and after with soap and water.

When conducting cleaning activities, staff are to wear (supplied) gloves. Face masks & eye-protection are recommended but optional. Staff must thoroughly wash hands with soap & water before & after conducting cleaning activities.

In indoor areas, increase natural ventilation by opening windows and doors where possible, and increase mechanical ventilation where possible by optimising air conditioning or other system settings (such as by maximising the intake of outside air and reducing or avoiding recirculation of air).

Windows & doors are to be open where possible to increase natural ventilation. Air conditioning is only managed by the landlord commercial property manager.

Record keeping

Keep a record of name, contact number and entry time for all staff, volunteers, visitors and contractors for a period of at least 28 days. Electronic collection (such as QR code) of contact details for each person is strongly encouraged.

Eat The Elephant will keep a record of name, contact number and entry time for all staff, volunteers, visitors and contractors for a period of at least 28 days. The method for this is via the COVID Safe Check-in with the Service NSW app.

Ensure records are used only for the purposes of tracing COVID-19 infections and are collected and stored confidentially and securely. When selecting and using an electronic method of record collection, take reasonably practical steps to protect privacy and ensure the records are secure. Consider the 'Customer record keeping' page of nsw.gov.au

Records are used only for the purposes of tracing COVID-19 infections and are collected and stored confidentially and securely. The method for this is via the COVID Safe Checkin with the Service NSW app.

Make your staff and visitors aware of the COVIDSafe app and its benefits to support contact tracing if required.

All staff are encouraged to install and correctly operate the national COVIDSafe app to support contact tracing.

Cooperate with NSW Health if contacted in relation to a positive case of COVID-19 at your workplace, and notify SafeWork NSW on 13 10 50.

Eat The Elephant will cooperate with NSW Health if contacted in relation to a positive case of COVID-19 at your workplace, and notify SafeWork NSW on 13 10 50.

I agree to keep a copy of this COVID-19 Safety Plan at the business premises

Yes



GENERAL INFORMATION:		Disscussed:
JOB NUMBER / SHOW NAME		
VENUE & ROOM		
WORK & BREAK DATES / TIMES OUTLINES OF TASKS & TIMEFRAMES		
LOCATIONS OF TOILETS, DRINKING WATER, SMOKING AREA		
FIRE ESCAPES AND EMERGENCY EVACUATION PROEDURES		
FIRST AID EQUIPMENT LOCATIONS & QUALIFIED PERSONS ONSITE RELEVANT ONSITE CONTACTS - SAFETY, PRODUCTION MANAGERS FTC		
NEW SITE DANGERS - Discussed any apparent site dangers and risks, eg Water on floor, pedest	trians on pathway etc - Note them	
here:		
COVID-SAFE PROTOCOL S:		Disscussed:
PRE-WORK COVID TEST RESULT RETURNED		
TEMPERATURE CHECKS		
QR CHECK-IN / OUT		
FACE MASKS MANDATORY		
WORK AREA CAPACITY		
HYGIENE & EQUIPMENT CLEANING		
PPE TYPE & LOCATION		
SAFE WORK METHOD STATEMENT		Disscussed:
CONFIRM ALL STAFE HAVE READ AND SIGNED FTE SWMS		
OUTLINE ANY SITE-SPECIFIC CHANGES TO ETE SWMS PROCEDURES OR WORKFLOWS		
MAKE SPECIFIC MENTION TO THE FOLLOWING SWMS BEING SITE-SPECIFIC FOR THIS EVENT (WHERE APPLICABLE):	
SMWS ETE 1- MANUAL TASKS SWMS FTE 2 - ENERGISED SYSTEMS		
SWMS ETE 3 - WORKING AT HEIGHT		
SWMS ETE 4 - FORKLIFT OPERATIONS		
SWMS ETE 5 - EWP OPERATIONS SWMS FTE 6 - SCISSOR LIFT OPERATIONS		
WORKER INDUCTION SIGN-OFF:		
WORKER INDUCTION SIGN-OFF:	Signature	
WORKER INDUCTION SIGN-OFF: Full Name:	Signature:	
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WORKER INDUCTION SIGN-OFF: Full Name:	Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature:	

INDUCTOR SIGN-OFF:	
Full Name:	Signature:
TIME & DATE OF INDUCTION	



INFORMATION ABOUT THE	PERSON INVLOVED IN TH	E INCIDENT:		
Full Name:		Mobile number:	Date of Birth:	Gender:
Home Address:			Job Tittle:	
INFORMATION ABOUTH TH	IE INCIDENT:			
Date of Incident:	Time of Incident:	Safe Work NSW Notified:	Safe Work NSW Inci	dent Number:
Location of Incident: Venue	, Room, Addres etc		Did Emergency Serv	vice attend the scene?
Description of INCIDENT - possible:	Describe what happened, h	now it happened, factors contributing	g to the incident, equipen	ent involved. Be as specifc as
INJURY INFORMATION:				
Was anyone injured in the i	incident? YES / NO	Details of injured person, if diff	ferent from above:	

Was Medical treatment or First-Aid administered at the scene? YES / NO / REFUSED - Breifly outline:

Description of INJURY - Describe the injury eg Laceration, Sprain etc

WITNESS INFORMATION:		
Are there any witnesses to the incident? YES / NO	Witness Name:	
Witness Address:		
Witness Mobile number:	Witness email:	
REPORTER DETAILS:		
Name of Reporter:	Mobile Number:	Job Tittle:

Date Report Completed:

Signature of Reporter:

Hazard Report



INFORMATION AB	OUT THE PERSON REPORTIN	G THE HAZARD:		
Full Name:		Mobile number:	Date of Birth:	Gender:
Home Address:			Job Tittle:	
INFORMATION ABO	OUTH THE HAZARD:			
Date:	Time:	Location of hazard:		
Description of HA	ZARD - Describe the hazard:			

IMMEDIATE CORRECTIVE ACTION INFORMATION:	
Description of corrective actions taken to reduce hazard:	Time and Date corective actions completed:
Description of corrective actions taken to reduce hazard:	Time and Date corective actions completed:

RISK MATRIX REFERENCE:

Likeliheed	Consequence					
Likelihood	1. Insignificant	2.Minor	3.Moderate	4.Major	5.Critical	
A. Almost Certain	Medium	High	High	Extreme	Extreme	
B. Likely	Medium	Medium	High	High	Extreme	
C. Possible	Low	Medium	High	High	High	
D. Unlikely	Low	Low	Medium	Medium	High	
E. Rare	Low	Low	Medium	Medium	High	

SIGN-OFF BY HAZARD IDENTIFER:	
Name:	Date Report Completed:
Signature:	Time Report Completed:

Incident Investigation Report



Instructions: Obtain statements from the injured employee and any witnesses to include what happened, what caused the incident and what were the contributing factors to the incident. To do this, reconstruct the sequence of events that led to the injury. Attach additional sheets if necessary. Provide copies of the completed form and all <i>Incident Report Forms</i> to: ETE General Manager, ETE Directors, Safework NSW, other relevant parties.						
Injured Employee Data						
Employee Name	Position Tittle	Personnel Number				
Date of Incident Time of Incident	Workers Compensation C	laim Number (if known)				
Work Organization/Location						
Manager	Manager Contact Number	Manager Email				
Incident Description:						
 Where did the incident happen and who was involved? Provide a full description of the surroundings of the location and the individuals involved. 						
2. What was happening at the time of the incident and why was it taking place?						
3. What events lead up to the incid	lent? Describe the sequence in	order and when they took place.				
4. What exactly caused the injury and how did it happen? What mechanics, equipment or tools were involved?						
5. Describe the injury. Include the affected body part(s) and injury type or indicate no injury occurred.						
6. If a physical injury was avoided, describe what happened that could have potentially resulted in injury?						
Additional Information						
Provide any additional information important to the investigation (pictures taken, evidence collected).						
Initial Investigator:						
Incident Investigator Name	Date of Investigation	Time of Investigation				

CHECK ALL DIRECT CAUSES THAT APPLY								
What CONDITION of tools, equipment, or work area contributed to incident? Not Applicable								
Close Clearance/Congestion	Clearance/Congestion			Poor Housekeeping				
🗌 Hazardous Placement	ement 🗌 Inadequate		uate Ventilation	🗌 Equi	🗌 Equipment Failure			
🗌 Inadequate Warning System		🗌 Inadeq	uate Illumination	🗌 Haza	🗌 Hazardous Materials			
🗌 Improper Material Storage		🗌 Inadeq	uate Guards/Barrier	🗌 Defe	ctive Tools/Equij	oment/Vehicle		
🔲 Inadequate/Improper PPE		🗌 Equipm] Equipment/Workstation Design		Other			
What ACTION or INACTION contrib		buted to the	incident?					
Failure to Make Secure		🗌 Used D	Used Defective Equipment		Failure to Use PPE			
🔲 Improper Lifting		🗌 Improp	er Technique	🗌 Impr	Improper Loading			
Used Equipment Improperly		□ Unauth	orized Actions		ating At Improp	er Speed		
Operating Procedure Deviation	on		er Position	□ . □ Used	Used Wrong Tool/Equipment			
Horseplay/Distractive Active		□ Unsafe	Act of Another Staff	\Box Under Influence Drugs/Alcohol				
Nullified Safety/Control Devic	200		a/Pushing/Acting In Haste	□ Eailu	re to Warn/Sign			
			g/Rushing/Acting in haste					
What caused or influence	od the si	ibstandard c	onditions or behaviors?					
	eu the st		uate Job Instructions	□ Inad	equate Tools			
	hode							
	ndarda							
	nuarus		Design of Construction					
	a . (1	Inadequate Purchasing Standards						
Lack of Communication Betw	veen Staff	Improper Extension of Service Life						
☐ Inadequate Cleaning —			Inadequate Environmental Controls					
Inadequate Preventive Maint	enance	🗌 Inadeq	uate Enforcement or Work Stan	ndards				
Other								
CHECK ALL ACTIONS NE	CESSARY	TO CORREC	T THE DIRECT AND ROO	T CAUSE	S			
What corrective actions	have bee	n taken or a	re needed to prevent a r	ecurren	ce?			
Task Analysis/Procedure Revi	sion	Improv	e Clean-Up Procedures	🗌 Repa	ir/Replace Equi	uipment		
Reinstruction of Employees		Improve Storage/Arrangement		Rotation of Employee				
Eliminate Congestion		Improve/Change Work Method		Identify/Improve PPE				
Task Analysis to Be Complete	d	🗌 Install/F	Install/Revise Guards/Devices		Improve Enforcement			
Improve Design/Construction	ı	🗌 Job Rea	Job Reassignment of Employees		Use Other Materials/Supplies			
Improve Illumination		Mandatory Pre-Job Instructions		🗌 Impr	Improve Ventilation			
Other								
Recommended correctiv	e actions	or preventiv	ve measures to be taken					
Action Item		Person Responsible	Target Date Date Co		Date Complete			
Investigation Review (Ini	tial after	reviewing th	ne findings of the invest	igation):				
Cofety Depresentative	Initials	Review Date	Comments					
Salety Representative	RN							
General Manager	JW							
Director 1	FC							
Director 2	AR							