



Grays

**RISK CALCULATOR**

**CONSEQUENCE RANKING SCORES**

Low (1)	Minor (2)	Moderate (3)	Major (4)	Critical (5)
<b>Injury and Disease (includes workers and community) SAFETY</b>				
<b>Minor injury.</b> No medical treatment Eg, cuts, bruises, no measurable physical effects.	<b>MTI.</b> Medically Treated Injuries from which recovery is likely. Eg, burns, broken bones, severe bruises, cuts.	<b>LTI.</b> Moderate permanent effects from injury or exposure. Eg, serious burns, serious internal and/or head injuries, gassings that require hospitalisation.	<b>Single fatality</b> and/or, Severe permanent injury, paralysis, brain damage, life threatening exposure to a health risk	<b>A Multiple fatality</b> 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>
<b><u>Extreme</u></b> Hazard should be avoided (or the level of risk reduced significantly and reliably by controls)
<b><u>High:</u></b> Risk to be controlled as far as reasonably practicable
<b><u>Moderate</u></b> Risk is controlled as far as reasonably practicable
<b><u>Low</u></b> No further control measures necessary.



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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>Grays</i>	<i>Signature</i>	<i>Date</i>

**Job Location And Work to be Performed:**

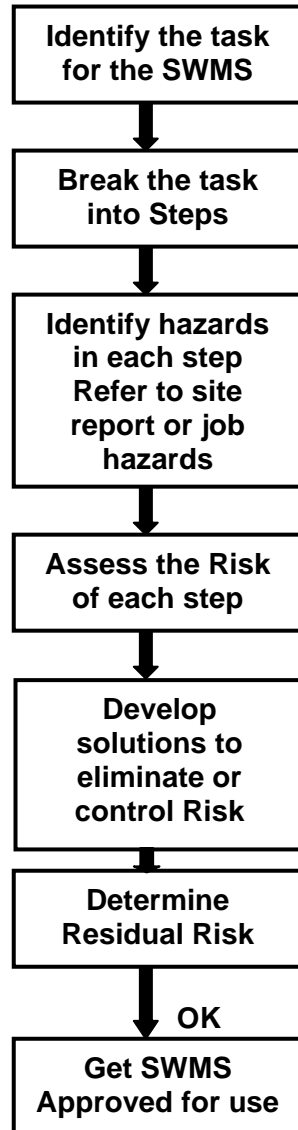
  
  
  
  
  
  
  
  
  
  

**Additional information (if required):**



**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 Grays 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



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**SAFE WORK METHOD STATEMENT**

Basic / Job Steps	Potential Accident or Hazard	Personnel at Risk	Risk Control Measure	Likelihood	Consequence	Responsible for Control Measure Action	Action Done
	Hazard Description and Effect for each Task.		List and describe fully all Controls Required				



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**SAFE WORK METHOD STATEMENT**

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