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The contractor manager shall complete this checklist for all SWMS prepared to manage high risk construction work.

This checklist shall be stored in the project document control system with the reviewed SWMS as a verification record. If a notifiable incident occurs, the SWMS must be kept for at least 2 years from the date of the notifiable incident.

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| **Contractor:** |  | **SWMS Reference Number:** |  |
| **SWMS Title:** |  | **SWMS Revision Number:** |  |
| **Date of Review:** |  | **ARTC Reviewer / Title:** |  |
| **Previous Review Date (where applicable):** |  | **Previous SWMS Revision Number (where applicable):** |  |
| **References:** | How to Manage Work Health and Safety Risks Code of Practice ARTC COR-PR-017 – Contractor Management Procedure |

| **Item No** | **Mandatory Requirements** | **Yes** | **No** | **N/A** |
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|  | **ACTIVITY DETAILS (COVER) PAGE** *(check that details are present and correct)* |  |  |  |
| 1 | Has “high risk construction work” been identified? *(WHS Regulation 293)**Note: All works in the rail corridor are considered high risk construction works and require a SWMS.* | [ ]  | [ ]  |  |
| 2 | Project Title / Reference No.? | [ ]  | [ ]  |  |
| 3 | PBCU (Person Conducting Business or Undertaking) name and contact details? | [ ]  | [ ]  |  |
| 4 | Principal Contractor (PC) name and contact details? *(if applicable)* | [ ]  | [ ]  | [ ]  |
| 5 | Works Manager name and contact details? *(e.g. superintendent / supervisor / project manager)* | [ ]  | [ ]  |  |
| 6 | Person(s) / team who prepared the SWMS, names, date, roles? | [ ]  | [ ]  |  |
| 7 | Evidence that the SWMS been prepared in consultation with workers? | [ ]  | [ ]  |  |
| 8 | Date that the SWMS was provided to the Principal Contractor or ARTC? *(as appropriate)* | [ ]  | [ ]  |  |
| 9 | Work Activity (brief description)? *(is the SWMS specific to the listed work activity?)* | [ ]  | [ ]  |  |
| 10 | Is the workplace location correct? | [ ]  | [ ]  |  |
| 11 | Does the work involve “High Risk Work” *(WHS Regulations 2011 Schedule 3)*  | [ ]  | [ ]  | [ ]  |
| 12 | Are the specific licences and qualifications identified and recorded in the project site documentation and/or on the RIW system? | [ ]  | [ ]  | [ ]  |
| 13 | Is the person (e.g. workplace supervisor) responsible for ensuring compliance with the SWMS listed? | [ ]  | [ ]  |  |
| 14 | Does the SWMS reference the project WHS Management Plan? *(if work is carried out in connection with a construction project)**Note: many of the questions below may be dealt with in a project specific WHS Management Plan, in which case the Plan can be cross-referenced and the responses changed to ‘n/a’ where applicable.* | [ ]  | [ ]  | [ ]  |
| 15 | Are hazardous chemicals involved in carrying out the work listed and have the relevant SDS been attached? | [ ]  | [ ]  | [ ]  |
| 16 | Where the control measures identify PPE as a control, does the SWMS specify the type and standard of the PPE required? e.g. *‘P2 half face respirator or class 5 hearing protectors.’* | [ ]  | [ ]  | [ ]  |
| 17 | Where required, does the SWMS identify training, inductions, high risk work licenses and other competencies required to complete the work? | [ ]  | [ ]  | [ ]  |
| 18 | Where required does the SWMS identify the plant, equipment and tools required to complete the work? | [ ]  | [ ]  | [ ]  |
| 19 | Where required does the SWMS identify inspection requirements for plant and equipment? | [ ]  | [ ]  | [ ]  |
| 20 | Where required does the SWMS identify emergency response requirements for high-risk activities? e.g. rescue retrieval for trench collapse, electric shock protocols | [ ]  | [ ]  | [ ]  |
|  | **RISK ASSESSMENT** |  |  |  |
| 22 | Clearly identifies the task steps in logical sequence of operation? | [ ]  | [ ]  |  |
| 23 | Clearly identifies the hazards and risks that may cause harm to workers or the public against each of the task steps? | [ ]  | [ ]  |  |
| 24 | Clearly identifies controls for **each** identified hazard and risk?*(consider ‘hierarchy of control’ and ‘reasonably practical’. Higher level controls e.g. elimination, substitution, engineering, in lieu of low level e.g. admin / PPE).* | [ ]  | [ ]  |  |
| 25 | **CRITICAL:** Does the SWMS deal adequately with each of the **high risk construction works** that have been identified on the cover page?*Note: The reviewer may seek Subject Matter Expert (SME) advice if required for specialist activities to ensure that the controls proposed are current industry best practice and fit for purpose.* | [ ]  | [ ]  |  |
| 26 | Does the SWMS describe how the control measures for each risk are to be implemented, monitored and reviewed? | [ ]  | [ ]  |  |
| 27 | Does the SWMS identify the person(s) responsible for ensuring each of the identified control measures are implemented and monitored? (must list the name and role of the responsible person).  | [ ]  | [ ]  |  |
|  | **SIGN-OFF PAGE** |  |  |  |
| 28 | Note stating words to the effect: *“I understand the content of this SWMS and acknowledge that work must be performed in accordance with this SWMS.”* | [ ]  | [ ]  |  |
| 29 | Does the SWMS have sufficient space to list worker names, worker signatures and date of sign-off for each worker, with sufficient room for the size of the work group?*(Note that some contractors may have digital solutions that use soft signing rather than a paper based systems. This is good innovation and to be encouraged)* | [ ]  | [ ]  | [ ]  |
|  | **CHANGE MANAGEMENT ASSESSMENT** |  |  |  |
| 30 | Does the SWMS have a “Change Management” section / page to record details of any changes in methods, new hazards with a risk assessment and controls to manage any new “high risk construction works” that have been identified? | [ ]  | [ ]  | [ ]  |
| 31 | Note stating words to the effect: *“I understand the changes to this SWMS and acknowledge that work must be performed in accordance with the SWMS inclusive of the change management section.”* | [ ]  | [ ]  | [ ]  |
| 32 | Does the Change Management section have a worker signoff section to record acknowledgement of the changes and any new controls that have been identified? | [ ]  | [ ]  | [ ]  |

| Non-compliances required to be addressed by the contractor prior to approval. Note: where this is a follow-up review to address previous non-compliances, the previous review form is to be attached as a record. |
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| Item No | Comments / Action. |
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| ARTC Review Outcome |
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| [ ]  | **ACCEPTED - The Contractor’s SWMS** has been reviewed **and is satisfactory.** |
| [ ]  | **NOT ACCEPTED - The Contractor’s SWMS has non-compliances to be addressed before it can be accepted.** |

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| **TO BE SIGNED BY THE ARTC CONTRACTOR MANAGER** |
| By signing this I confirm that I have endorsed the “ARTC Review Outcome”. |
| Name: Role: | Signature:  | Date:  |