








# Safe Work Method Statement

## Air Conditioning

<b>Name of Contractor responsible for SWMS</b>		<b>Date:</b>	
<b>Company name:</b>	Gasgroup	<b>Workplace location:</b>	
<b>Working at Heights Permit Required?</b>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	<b>Confined Space Entry Permit Required?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Personal Protective Equipment (PPE) required to complete the job</b>			
 <b>Gloves</b> <input type="checkbox"/>	 <b>Face mask</b> <input type="checkbox"/>	 <b>Eye protection</b> <input type="checkbox"/>	 <b>Welding mask</b> <input type="checkbox"/>
 <b>Appropriate footwear</b> <input type="checkbox"/>	 <b>Hearing protection</b> <input type="checkbox"/>	 <b>Protective clothing</b> <input type="checkbox"/>	
<b>What are the tasks involved?</b> Describe the steps required to perform the task in the sequence they are carried out.	<b>What are the hazards and risks?</b> Against each step list the potential hazards that could cause injury/damage when the task step is performed.	<b>How will hazards and risks be controlled?</b> List the control measure required to eliminate or minimise the risk of injury arising from the identified hazard.	
<b>Planning &amp; Preparation</b>	-Injury to self and others  -Working around Asbestos	-Suitable weather conditions -Safe access to equipment & materials -Ensure work area is clear  -Asbestos materials identified and labelled	

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<b>Installation &amp; Maintenance</b>	-Falls	Ladders if required: -Ensure ladders are in good condition, set up correctly and secured. -Harness if required: Ensure harness and clips are compatible, anchor points have been assessed by qualified persons, training undertaken and emergency plan in place for rescue. -Sufficient lighting -Ensure that work areas are cleared of all off-cuts/tripping hazards regularly. -Do not stand on fragile areas -Walk along planks or crawl if required.
	-Manual handling	-Use suitable trolleys to move materials -Ensure duct lifters have safety gears capable of holding the load in event of a failure of hoisting rope
	-Electric Shock	-Electrical leads in good condition -Correct tools used for purpose
	-Other injuries	- Wear appropriate Personal Protective Equipment

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	Name	Signature	Date
I have provided site specific risk controls to manage the hazards identified above and will comply with the controls listed above.			
I understand the risk controls listed above to be implemented to manage the identified hazards associated with the works to be undertaken.			
<b>Workplace Manager and/or Management OHS Nominee:</b>			