

<p>RISK RATING</p> <p>1 HIGH</p> <p>2 MEDIUM</p> <p>3 LOW</p>	<p>SAFE WORK METHOD STATEMENT</p> <p>Title: : Hand Sprayer Chemical Operation</p> <p>Ref No: 1</p>	<p>I approve the use of this Safe Work Method Statement:</p> <p>NAME: _____ POSITION: Department Manager</p> <p>SIGNATURE: _____ DATE: ___/___/___</p>
		<p>Project: OPERATION OF A KNAPSACK WEED SPRAYER</p>
<p>Critical Steps in this Activity:</p>	<p>Potential Hazards:</p>	<p>Safety Controls:</p>
<ul style="list-style-type: none"> • Check safety gear • MEDIUM 	<ul style="list-style-type: none"> • Exposure 	<ul style="list-style-type: none"> • Always wear your PPE equipment and check it is in good working order
<ul style="list-style-type: none"> • Check chemical label • MEDIUM 	<ul style="list-style-type: none"> • Exposure 	<ul style="list-style-type: none"> • Check label for PPE usage and carry MSDS in vehicle
<ul style="list-style-type: none"> • Placement of signage • MEDIUM 	<ul style="list-style-type: none"> • Traffic • Public 	<ul style="list-style-type: none"> • Always place signage as per traffic management plan
<ul style="list-style-type: none"> • Filling knapsack • MEDIUM 	<ul style="list-style-type: none"> • Exposure • Spillage 	<ul style="list-style-type: none"> • Always fill knapsack as per directed on instructions • When using any chemicals always have spill kit on hand
<ul style="list-style-type: none"> • Check area to be sprayed • MEDIUM 	<ul style="list-style-type: none"> • Public 	<ul style="list-style-type: none"> • Try and spray area in times when there is limited public (Early start)

<ul style="list-style-type: none"> • Check weather • MEDIUM 	<ul style="list-style-type: none"> • Exposure 	<ul style="list-style-type: none"> • If weather changes stop spraying chemicals
<ul style="list-style-type: none"> • Spraying • MEDIUM 	<ul style="list-style-type: none"> • Wind drift • Exposure to public 	<ul style="list-style-type: none"> • If weather changes stop spraying chemicals
<ul style="list-style-type: none"> • Cleaning of tank • MEDIUM 	<ul style="list-style-type: none"> • Spillage • Exposure 	<ul style="list-style-type: none"> • Always use proper decanting of excess chemicals
<ul style="list-style-type: none"> • Cleaning of equipment • MEDIUM 	<ul style="list-style-type: none"> • Slipping • Falls 	<ul style="list-style-type: none"> • Well drained area also wearing PPE issue's while carrying out task
<ul style="list-style-type: none"> • Filling out chemical spray sheet • LOW 	<ul style="list-style-type: none"> • Claims 	<ul style="list-style-type: none"> • Fill this form out for future times in case cosworks receives a claim (RECORDS)

License/Training	List Plant-Equipment
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<i>Drivers License</i> <i>Work Activity Induction</i> <i>Red Card</i> <i>Chemical Certificate Accreditation</i>	<i>Light Truck, Knapsack</i>
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List: /Personal Protective Equipment required for this Activity	List Equipment Maintenance Checks required for this Activity	Engineering Certificates	Hazardous Substance
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<i>Hi visibility clothing</i> <i>Mask</i> <i>Rubber Boots</i> <i>Overalls</i> <i>PVC Gloves</i> <i>Sunscreen</i> <i>Broad Brimmed Hats</i>	<i>Daily equipment checks</i> <i>Plant Pre-start up check list</i>	<p style="text-align: center;">Type</p> <i>Traffic Management Plan</i>	<p style="text-align: center;">Type</p> <i>Chemicals</i>
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Duties & Responsibilities

To ensure the safety of co-workers and general public. To report all incidents and near misses to team leader. Ensure equipment is in safe working order. Perform safety checks of equipment
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Safe Work Method Statement

The personnel listed below have been made aware of and understand the procedure, hazards and control measures outlined in the Safe Work Method Statement. They will abide by the control measures outlined within the Safe Work Method Statement.

Name	Position	Signature

Any changes, additions or deletions made to this Safe Work Method Statement are to be covered with the above personnel and The Principal Contractor representative at a Toolbox meeting. (Record date and time of Toolbox meeting below)

Date: _____
Time: _____
Comments: _____

Reviewed by: _____ **Date:** _____