

SAFE SYSTEM OF WORK PLAN (SSWP)

WORKING ON ROADS

Plan No.

PART 1

Job Details	Resources Required	Emergency Details
Employer Name: _____	Worker Skills: _____	Contact Names & Tel No.
Responsible Person/Supervisor: _____	_____	1. _____
Number of Workers: _____	_____	2. _____
Specific Location: _____	Plant/Equipment: _____	3. _____
Description of Works: _____	_____	First Aider: _____
_____	_____	Location of First Aid Box: _____
Start Date: _____	Hazardous Materials: _____	
NOTE: A new SSWP must be completed when the task or the environment changes.		WORK PERMITS REQUIRED
		Hot <input type="checkbox"/> Electricity <input type="checkbox"/> Excavation <input type="checkbox"/>
		Confined Space <input type="checkbox"/> Other <input type="checkbox"/>
		Method Statement Yes <input type="checkbox"/> No <input type="checkbox"/>

Before Works Starts the following MUST be in place Tick the circle when confirmed

Supervision <input type="checkbox"/>	FAS safe pass <input type="checkbox"/>	Plant/eq. Cert. <input type="checkbox"/>	CSCS <input type="checkbox"/>	Communication/ Induction <input type="checkbox"/>	WC & Washing <input type="checkbox"/>	Canteen <input type="checkbox"/>	Drying/Changing <input type="checkbox"/>	Drinking Water <input type="checkbox"/>	First Aid <input type="checkbox"/>	PPE <input type="checkbox"/>
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SELECT HAZARD OR ACTIVITY **SELECT CONTROL** All controls identified below must be in place before work starts Tick the box to identify controls required; Tick the circle when control is in place.

PART 2

LA1

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PART 2

HAZARD OR ACTIVITY	CONTROL Tick the <input checked="" type="checkbox"/> box to identify controls required; Tick the <input checked="" type="radio"/> circle when control is in place.										
											<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 3

Hazards, activities and controls on this SSWP identified by: _____ Date: _____ Time: _____

Controls put in place by: _____ Date: _____ Time: _____

I have been made aware of the hazards & controls for this activity. Signed by Team: _____

NOTE: This list of Hazards and Controls is not exhaustive and is in no particular order.

IF IT'S NOT SAFE DON'T DO IT AND INFORM SITE MANAGEMENT