

Bill Watson Industries Group Pty Ltd

26/17-21 Henderson St, Turrella, 2205.

ACN 002-466-542 ABN. 53-926-332-107

Safe Work Method Statement				
Subcontractor Name: Bill Watson Industries		Project Name:		
Work Activity/Task: Cement Rendering		Project Number:		
Prepared By: Mike Pascoe		Principal Contractor:		
Signature & Position:		Date:		
Safe Work Method Statement - Part (1) KEY COMPANY & WORKER DETAILS				
Name	Personal Qualifications & Experience	Duties and Responsibilities	Training Required to Complete this Work	
List Name of Personnel to work on the job	List the personal qualifications for each employee relevant to their task.	List the duties and responsibilities for each employee	Details of any outstanding training to be completed and when it will be completed	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
Health & Safety Legislation Applicable to Works (copies in office)				
1) Occupational Health & Safety ACT 2000.		2) Occupational Health & Safety Regulations 2001.		
3) Workers Compensation ACT 1987				
Safe Work Method Statement - Part (2) WORK METHOD STATEMENT				
Item	Job Step Break the job down into steps	Potential Hazard What can harm you?	Controls What you are going to do to make the job as safe as possible?	Person Responsible for Ensuring this happens.
1)	Environmental Hazards	Sun - Skin Cancer	Wear "T" shirts as a minimum. Preferably long sleeves, sunscreen and hardhat with sun rim.	Bill Watson foreman , all personal
2)	Delivery & unloading of materials	Hazard of being runover by delivery vehicle	Advise builder prior to delivery, establish storage area and erect barrier	Bill Watson foreman , all personal
		Strains from manual handling	Unload in accordance with Workcover procedures and ensure correct posture and procedures are followed when lifting - refer attached manual handling risk assessment process attached. 20 kg cement bags to be used when supplied. 40kg bags to be lifted by two people.	Bill Watson foreman , all personal
		Dust	Wear dust mask when handling cement.* Provide material safety data sheets. *Ensure safety instructions are followed and training is carried out for safe use of the substance.	Bill Watson foreman , all personal
Item	Job Step Break the job down into steps	Potential Hazard What can harm you?	Controls What you are going to do to make the job as safe as possible?	Person Responsible for Ensuring this happens.
3)	Mixing Mortar	electric shock or electrocution	*use only tagged power leads and power tools * provide temporary power board with earth leakage switch within 30m. of work area * ensure power leads are secured above work area with lead stands.	Bill Watson foreman , all personal
		moving parts or machinery - fingers caught - shovel fling out	*ensure guard for mixer drive is in place and in working condition *do not place any tools such as shovels into rotating mixer drum *keep loose clothing clear of moving parts of machinery.	Bill Watson foreman , all personal
		manual handling strains - shovelling sand, moving mixer.	*ensure job rotation to avoid repetitive strain *provide training on best practice when lifting barrow of mortar . Refer attached manual handling risk assessment process attached.*relocate mixer with appropriate manpower.	Bill Watson foreman , all personal
		splashed mortar from mixer	*do not overload mixer *ensure relevant PPE is worn. See attached sheet.	Bill Watson foreman , all personal

4)	Wheeling barrow to work face	collision with persons/objectrs -back strain	*do not overload barrow *establish clear access paths prior to wheeling *use correct lifting techniques. Refer manual handling risk assessment process..	Bill Watson foreman , all personal
5)	Applying render to walls	Splashes of mortar in eyes.	*apply render in a controlled manner * wear appropriate PPE. Refer attached. *ensure the work area is clear of other trades, and when working above ensure below is barricaded off.	Bill Watson foreman , all personal
6)	Working off trestles and a-frames	fall or collapse off trestle/ platform	*ensure trestles are erected in accordance with manufactures recommendations and specifications *do not overload trestles post manufactures recommendations/ specifications *ensure attention is given to place trestles on a firm level surface * ensure platforms are in sound condition and have a minimum width of 450mm *ensure platforms are as level as possible and are stepped rather than sloped.	Bill Watson foreman , all personal

Item	Break the job down into steps	What can harm you?	What you are going to do to make the job as safe as possible?	Ensuring this happens.
7)	Working off scaffold	injury due to falls	*ensure scaffold has handrail to workover requirements	Bill Watson foreman, all personal
		falling equipment	*ensure scaffold has kickboards	Bill Watson foreman, all personal
		scaffold overturning	*ensure scaffold is tied to structure by outriggers *refer to manufactureers recommendations *scaffold to be erected by appropriately qualified person.	Bill Watson foreman, all personal

Safe Work Method Statement - Part (1) KEY COMPANY & WORKER DETAILS (CONTD)

Engineering Details/Certificated/Work cover approvals: List applicable items to the scope of work to be undertaken. Codes of Practice, Legislation: List those applicable to the work to be carried out.

All personal hold current green card induction course certification.

Manual handling of cement bags.

Plant/Equipment: List those major items of plant/equipment to be used on the project.

Maintenance Checks/ Inspection Test Plans: List those applicable to the work to be carried out.

Mixer, scaffolding, A Frames, Power leads.

Scaffolding is to be checked prior to each use for structural adequacy. All electrical equipment is to be inspected and tagged every month.

Read & Signed by all sub-contractor employees. All sub-contractor employees must read all pages and sign the SWMS.

1.	4.	7.	10.
2.	5.	8.	11.
3.	6.	9.	12.

OCCUPATIONAL HEALTH & SAFETY PROGRAMME

SAFE WORK INSTRUCTION

TASK OPERATION: Personal Protective Equipment (P.P.E.)

SPECIAL COMMENTS: This procedure is to be used with any operating manuals or training relevant to the task. Ensure all Personal Protective Equipment conform to Australian Standards and WorkCover NSW requirements.

ACTIVITY	HAZARDS	HOW TO DO IT																													
STEPS IN ORDER OF PERFORMANCE	APPLICABLE TO EACH STEP	IDENTIFY EQUIPMENT, SAFETY QUALITY AND PERFORMANCE REQUIREMENTS																													
Providing P.P.E.	Identify process to be carried out to ensure correct Personal Protective Equipment is worn.	<table border="0"> <tr> <td>HARD HATS</td> <td>YES/NO</td> <td>SAFETY FOOTWEAR</td> <td>YES/NO</td> </tr> <tr> <td>EYE PROTECTION</td> <td>YES/NO</td> <td>EAR PROTECTION</td> <td>YES/NO</td> </tr> <tr> <td>RESPIRATION EQUIPMENT</td> <td>YES/NO</td> <td>FACE PROTECTION</td> <td>YES/NO</td> </tr> <tr> <td>HAND PROTECTION</td> <td>YES/NO</td> <td>SAFETY HARNESS</td> <td>YES/NO</td> </tr> <tr> <td>ILLUMINATNIG SAFETY VEST</td> <td>YES/NO</td> <td>SUN GLASSES</td> <td>YES/NO</td> </tr> <tr> <td>HATS</td> <td>YES/NO</td> <td>SUN SCREEN</td> <td>YES/NO</td> </tr> <tr> <td>OVERALLS</td> <td>YES/NO</td> <td>WET WEATHER GEAR</td> <td>YES/NO</td> </tr> </table>	HARD HATS	YES/NO	SAFETY FOOTWEAR	YES/NO	EYE PROTECTION	YES/NO	EAR PROTECTION	YES/NO	RESPIRATION EQUIPMENT	YES/NO	FACE PROTECTION	YES/NO	HAND PROTECTION	YES/NO	SAFETY HARNESS	YES/NO	ILLUMINATNIG SAFETY VEST	YES/NO	SUN GLASSES	YES/NO	HATS	YES/NO	SUN SCREEN	YES/NO	OVERALLS	YES/NO	WET WEATHER GEAR	YES/NO	
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SPECIAL NOTE: *WHEN SELECTION SAFETY HARNESS OR INERTIA REEL SYSTEM ENSURE COMPLIANCE TO CODE OF PRACTICES AND AUSTRALIAN STANDARDS																															



Employers Mutual

Employers Mutual NSW Limited

Level 3, 345 George Street
Sydney NSW 2000

GPO Box 4143
Sydney NSW 2001

DX 10175
Sydney Stock Exchange

P: 02 8251 9000

F: 02 8251 9495 Claims

F: 02 8251 9496 Underwriting

CERTIFICATE OF CURRENCY

TURRELLA PLASTERING PTY LTD
PO BOX A410
ARNCLIFFE NSW 2205

Dear Sir/Madam,

1. STATEMENT OF COVERAGE

The following policy of insurance covers the full amount of the employer's liability under the Workers Compensation Act 1987.

This Certificate is valid from **30/06/07** to **30/06/08**

The information provided in this Certificate of Currency is correct at: **27/06/07**

2. EMPLOYERS INFORMATION

POLICY NUMBER 79230016
LEGAL NAME TURRELLA PLASTERING PTY LTD
TRADING NAME
ABN 37 057 834 385
ACN 057 834 385

WorkCover Industry Classification number (WIC)	Industry	Numbers of Workers+	Wages*
424110	CEMENT RENDERING	10	\$500,000.00

+ Number of workers includes contractors/deemed workers

* Total wages estimated for the current period

3. IMPORTANT INFORMATION

Principals relying on this certificate should ensure it is accompanied by a statement under *section 175B* of the *Workers Compensation Act 1987*. Principals should also check and satisfy themselves that the information is correct and ensure that the proper workers compensation insurance is in place ie. Compare the number of employees on site to the average number of employees estimated; ensure that the wages are reasonable to cover the labour component of the work being performed; and confirm that the description of the industry/industries noted is appropriate.

A Principal contractor may become liable for any outstanding premium of the sub-contractor if the principal has failed to obtain a statement or has accepted a statement where there was reason to believe it was false.

Yours Faithfully,

Underwriting Department
Employers Mutual





Fax Transmission

Suncorp Metway Insurance Limited
ABN 83 075 895 968
AFSL 229869

Suncorp Plaza
Cnr Albert & Turbot Streets
BRISBANE QLD 4000

GI119
GPO Box 1453
BRISBANE QLD 4001

To:	Jenny Boyd Austbrokers	Fax:	Emailed
		Phone:	
From:	Shae Barclay Broker Services Consultant Commercial Customer Sales & Service	Fax:	1300 362 753
		Phone:	1300 768 136
Date:	04 April 2007		
Pages:	1(Incl. cover page)		

Important: The contents of this facsimile (including attachments) may be privileged and confidential. Any unauthorised use of the contents is expressly prohibited. If you have received the document in error, please advise the Sender by telephone (reverse charges) immediately and then shred the document. Thank You.

SUBJECT: Certificate Of Currency

Insured:	Bill Watson Group Pty Ltd & Turella Plastering
Policy No:	BDC62121A
Situation:	26 / 17-31 Henderson Street, TURRELLA NSW 2205
Covering:	Liability - \$10,000,000
Interested Party:	- St Hilliers Contracting Pty Ltd - Buildcorp Australia Pty Ltd
Due Date:	31/03/2008

This is to certify that the above mentioned Policy is current until the Due (renewal) Date, subject to full payment of the premium. This Policy only comes into force for the Period of Insurance provided the premium is paid by the due date for payment. The issue of this Certificate of Currency by Suncorp Metway imparts no obligation on it to notify the addressee or any party relying upon it that the Policy may not have come into force or has been cancelled due to non-payment of premium.

Regards,

Shae Barclay
Broker Services Consultant
Commercial Customer Sales & Service

Insurance is issued by Suncorp Metway Insurance Ltd ABN 83 075 895 968 ("SMIL"). Suncorp-Metway Ltd ABN 88 010 831 722 and its related companies (except SMIL) do not guarantee SMIL and are not liable under any insurance policies issued and services provided by SMIL.
H:SCANAUSTRALIA - BDC62121A - BILL WATSON GROUP & TURELLA PLASTERING - COC.DOC Page 1 of 1 Jenny Boyd
04/04/2007 16:52 Shae Barclay