

Business Address: 9/31 Millaroo Drive, Helensvale 4212

| COVIL |)-19 AWARENESS AND F | ESPONSIBILITIES | SAFE WORK ME | THOD STATEME | ENT (SWMS) | |
|--------------------------------|---|-----------------------------|-------------------------|------------------------|-------------------------------------|---|
| Business Contact: Ben Teudt | Phone # | 0411147464 | Principal Contract | tor (PC): | | |
| Responsible person (for monito | ring SWMS and work): Tobie S | peters | Responsible pers | on (for monitoring S | SWMS and work): | |
| Signature: | | Date: 30/03/2021 | PC Phone #: | Dat | e SWMS provided | I to PC: |
| Contact Phone #: 0431297561 | | | Contact Name: | | | |
| This | S WORK ACTIVITY INVOLVES | THE FOLLOWING HAZ | ARDOUS WORK AN | D ENVIRONMENTA | L IMPACTS | |
| ☐ Electrical equipment | ☐ Elevated levels | ☐ Slips, trips and | alls 🔲 Haza | ardous substances | | on control |
| ☐ Hot Work | ☐ Hazardous manual tasks | Outdoor work | Rem | otely &/or isolated v | vork []? | |
| ☐ Noise and vibration | ☐ Native vegetation & weed | S Air quality | ☐ Was | te | ☐ Vehicle | e movement |
| ☐ Fuels, oils & chemicals | ☐ Terrestrial fauna | ☐ Waterways & so | oils 🔲 Cultu | ural heritage | □? | |
| THIS WORK AC | TIVITY INVOLVES THE FOLLOW | ING "HIGH-RISK CON | STRUCTION WORK" | (HRCW – IDENTIFIED | IN THE J OB T ASK COL | UMN) |
| ☐ Confined spaces | ☐ Mobile plant move | ement | Demolition of a load | l-bearing structure | Asbestos dist | urbance |
| ☐ Using explosives | ☐ Diving work | | Artificial extremes o | f temperature | ☐ Tilt-up or pre- | cast concrete |
| ☐ Pressurised gas dist | ribution mains or piping chemic | al, fuel or refrigerant lin | es energised electric | al installations or se | ervices | |
| ☐ Structures or building | gs involving structural alteratior | s or repairs that require | temporary support to | o prevent collapse | | |
| ☐ Involves a risk of a p | erson falling from 2m or more, | including work on telec | ommunications tower | 'S | | |
| ☐ Working at depths greater th | an 1.5 Metres, including tunnel | s or mines | Work in an area tha | t may have a contar | minated or flamma | ble atmosphere |
| ☐ Work carried out adjacent to | a road, railway or shipping lane | e, traffic corridor | In or near water or o | other liquid that invo | lves the risk of dro | owning |
| | IIGH HEAD EYE IBILITY PROTECTION PROTECT | | AND PROTECTIVE CLOTHING | | SUN SAFETY TECTION HARNES | s jewellery that may |
| | | | | | 30" | become entangled must not be worn. Long and loose hair must be tied back. |
| | | | | | | |

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| Planning/Preparation | Liaise with Principal Contractor to identify on-site safety systems and procedures Establish supervisory and communication arrangements Principal contractor to confirm emergency response procedures are in place. |
|------------------------------------|--|
| Hold Points | Hold points identified and signed off before continuing work. |
| Training/Licence | All workers to have a General Construction Induction Card Relevant workers have relevant certificates of competency, licenses, and training. Trained First Aider on site All workers trained in site-specific emergency and evacuation procedures, SWMS, safe work procedures, and safety data sheets. |
| Worker duties and responsibilities | Fit condition for work, i.e. no signs of fatigue, alcohol or drugs Attend all site inductions/briefings (maintain social distancing rules, conduct briefing outdoors) Comply with all site requirements, e.g. PPE, Traffic Management Plans (TMP) Only carry out work related to the contract Inspect completed work and report possible safety, environmental and quality matters to the supervisor. |
| Monitor/Review | All persons involved in the task must have this SWMS communicated to them before work commences SWMS to be reviewed and amended if necessary, in consultation with relevant persons after any near miss or incident If additional site hazards identified, review this SWMS and amend control measures to suit People, including workers, contractors and sub-contractors, affected by the revisions to this SWMS, must be informed ASAP Give the principal contractor a copy of the revised SWMS The site supervisor to monitor works against the controls stated in this SWMS SWMS must be kept on-site and made available for inspection or review Keep a record of this SWMS until the job is complete or for two years if involved in a notifiable incident Regardless of any other factor, the person in control of the workplace must review this SWMS at least annually. |

| LIKELIHOOD INSIGNIFICAN | | MINOR | MODERATE | Major | CATASTROPHIC | SCORE | Action | |
|-------------------------|--------------|-------------------|--------------------|------------------|--------------|--------------------|--------------------------------|--|
| ALMOST CERTAIN 3 – HIGH | | 3 – Н ідн | 4 – ACUTE | 4 – Acute | 4 – ACUTE | SCORE | ACTION | |
| LIKELY | 2 – Moderate | 3 – Н ібн | 3 – Н ідн | 4 – ACUTE | 4 – ACUTE | 4A – ACUTE | DO NOT PROCEED. | |
| Possible | 1 – Low | 2 – Moderate | 3 – Н ідн | 4 – ACUTE | 4 – ACUTE | 3 Н – Н ібн | Review before commencing work. | |
| UNLIKELY | 1 – Low | 1 – Low | 2 – Moderate | 3 – Н ібн | 4 – ACUTE | 2M – MODERATE | Maintain control measures. | |
| RARE | 1 – Low | 1 – Low | 2 – Moderate | 3 – Н ібн | 3 – Нідн | 1L – Low | Record and monitor. | |
| HIERARCHY OF CONTROLS | | Most Effective | imination Substitu | ution Isolatiion | Engineering | Administrative | PPE LEAST EFFECTIVE | |
| | | | | | | | | |

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| | JOB TASK | Hazards | Risk | | CONTROL MEASURE | :S | RESPONSIBLE PERSON | | |
|----|------------------------------------|---|------|---|---|--------------------------------|--------------------|--|--|
| 1. | Coronavirus tra (COVID-19) • CO | Infection transmission COVID-19 infection | 4A | 'close contact' with of droplets spread by of or 'Close contact' research and the spread by of or been in positive for or been in positive for a to 14 days. For are being asked to see the second of the spread of the second of | COVID-19 is spread from someone infected with COVID-19 virus to people they have been in 'close contact' with or by contact with contaminated hands, surfaces or objects contaminated by droplets spread by coughing or sneezing 'Close contact' refers to: | | | | |
| | | | | - Symptoms: | | | | | |
| | | | | • Fevers | • Vomiting | Sore throat | | | |
| | | | | Cough | • Fatigue | Runny nose | | | |
| | | | | Sneezing | • Headaches | Respiratory distress | | | |

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| JOB TASK | HAZARDS | Risk | CONTROL MEASURES | RESPONSIBLE PERSON |
|--|--|------|---|----------------------|
| 2. TRAINING - Universal Standard Precautions for infection control of COVID-19 | Infection transmission COVID-19 infection | 4A | All workers to understand universal precautions and follow the universal precautions for infection control: Workers must avoid people experiencing fevers, sweats, chills or other flu-like symptoms All workers should be encouraged to practise frequent handwashing Where possible, practice social distancing (stay at least one and a half metres or more away from people) Maintain good respiratory (cough) etiquette, i.e. cover the mouth with the elbow and do not cough onto people, objects or into the open air Do not touch, kiss, or hug others Undertake appropriate cleaning and disinfection activities Use appropriate PPE as relevant If a worker has been in 'close contact' with someone with a confirmed case of COVID-19, they MUST NOT be working. | All site personel |
| 3. TRAINING – Hand hygiene | Infection transmission COVID-19 infection | 4A | Hand washing method: Remove all wrist and hand jewellery and watches Wet hands Using liquid antibacterial soap with running water, vigorously wash hands for a minimum of 20 seconds Ensure all areas are washed including the back of hands and between fingers Rinse with water Dry thoroughly with single-use material, e.g. disposable paper towel If manual taps are used, use a paper towel to turn off the tap to avoid recontamination If soap and water are not available, use an alcohol-based hand sanitiser that contains at least 70% alcohol Avoid touching eyes, nose, or mouth with unwashed hands Always clean hands: After going to the toilet Before eating, drinking or smoking After removing gloves If hands are visibly dirty After handling any potentially infectious material without gloves After handling surfaces that are potentially infectious. | All site personel |

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| | JOB TASK | HAZARDS | Risk | CONTROL MEASURES | RESPONSIBLE PERSON |
|----|--|---|------|--|--|
| 4. | TRAINING - Equipment hygiene | Infection transmission COVID-19 infection Burns | 4A | All equipment must be kept thoroughly clean Cleaning items that can be immersed in water: Dismantle items and rinse in warm water Wearing heavy-duty gloves, thoroughly scrub with hot water and soap or detergent Rinse in hot water (not less than 70°C) and allow to dry Cleaning items that cannot be immersed in water: e.g. electrical equipment: Wear heavy-duty gloves Clean with a clean cotton pad saturated with 70% w/w ethyl alcohol Allow airing to dry. | Supervisor and workers to follow control measures |
| 5. | Reporting possible COVID-19 infection | Infection transmissionCOVID-19 infection | 4A | A WORKER MUST NOT PRESENT AT WORK IF: You, or anyone you've been in close contact with, have travelled overseas in the last 14 days You have been in close contact with someone with a confirmed case of COVID-19 If you exhibit any COVID-19 symptoms Report to your supervisor Seek medical advice immediately If a worker is diagnosed with COVID-19, they must not return to work until medically cleared to do so. | Supervisor and workers to follow control measures |
| 6. | Arrival at site & performing the activity | Infection transmission COVID-19 infection | 4A | Before attending the job, the supervisor will confirm the following: Are you or anyone at the residence/workplace experiencing any of the following symptoms: Fever? Flu-like symptoms, such as coughing, sore throat and fatigue? Shortness of breath? Have you, or anyone at the residence/workplace been in close contact with, travelled overseas in the last 14 days? Have you or anyone at the residence/workplace been in close contact with someone with a confirmed case of COVID-19? ⚠ If upon arrival or during the task anyone exhibits COVID-19 symptoms report to supervisor and leave the site immediately Morkers must maintain good personal hygiene at all times Social Distancing: Workers must follow social distancing rules Remain at least 1.5 metres from other individuals wherever possible (1 person per 4 square metre rule) Organise work to only have single people in small areas, e.g. rooms wherever possible | Supervisor to confirm the presence of COVID-19 at the workplace and workers to follow control measures |

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| JOB TASK | Hazards | RISK | | CONTROL MEASURES | | RESPONSIBLE PERSON |
|------------------------|---|--------|---|--|----------------------------|--|
| | | | Do not shake hands or hug Avoid large gatherings Hold essential meetings out Use good hand and cough/ Eat lunch outside rather tha Do not share food or drinks | side in the open air if possible sneeze hygiene at all times n indoors if possible | | |
| | | | toilet o After leaving an area and th | removing gloves If or other body substances ay cause contamination of the en returning to resume the job when infection risks are appar inged after each use |) | using the |
| | | | A worker MUST STOP W and report to their super | ORK IMMEDIATELY if they swisor. | start to experience sympto | oms |
| 9. On completion | Infection transmission COVID-19 infection | 4A | Dispose of all cloths, paper tower after every job. | els and disposable PPE assoc | iated and wash hands thoro | sughly Supervisor and workers to follow control measures |
| 10. Emergency response | Infection transmission COVID-19 infection | 4A | If experiencing serious s immediate medical atten | | tness of breath: seek | Supervisors and workers to follow control measures |
| OVERALL R | ISK RATING AFTER CO | NTROLS | ☐ 1 - Low | 2 - Moderate | ☐ 3 - Нідн | 4 - ACUTE |

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This SWMS developed in consultation and cooperation with workers and relevant organisation representatives. I have read the above SWMS, and I understand its contents. I confirm that I have the skills and training, including relevant certification, to conduct the task as described. I agree to comply with safety requirements within this SWMS, including risk control measures, safe work instructions and PPE described.

| Workers' Name | SIGNATURE | JOB ROLE / POSITION E.G. SUPERVISOR, WORKER, TRAINEE | DATE | WORKERS' NAME | SIGNATURE | JOB ROLE / POSITION SUPERVISOR, WORKER, TRAINEE | DATE |
|------------------|-----------|--|------------|---------------|-----------|---|------|
| E.g. Jack Morris | | Supervisor Supervisor | 12/12/2019 | | | TRAINEE | |
| | | | | | | | |
| | | | | | | | |
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