

SAFE WORK METHOD

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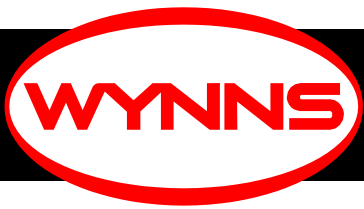
LOCKSMITHS

| | | | |
|---|--|----------|--|
| Technician Responsible for compliance : | | Date | |
| Activity or High-risk Job : | | Location | |

| What are the tasks involved? | What are the hazards and risks? | What are the control measures? |
|---|--|--|
| List the work tasks in a logical order. | Identify the hazards and risks that may cause harm to workers or the public. | Describe what will be done to control the risk. What will you do to make the activity as safe as possible? |
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| Personal Protective Equipment (PPE) required to complete the job (or N/A) : | | | | | | | |
|---|-----------------|-----------------|----------------|--------------------|----------------------|----------------|---------------|
| High Visibility | Head Protection | Foot Protection | Eye Protection | Hearing Protection | Breathing Protection | Use of Ladders | Scissor Lifts |
| | | | | | | | |
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|----------------------|--|
| Technician Signature | |
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Risk Matrix

| | Probability | | | | |
|--------------|-------------|--------|----------|----------|---------------|
| Consequence | Very Likely | Likely | Possible | Unlikely | Very Unlikely |
| Fatality | Extreme | High | High | High | Medium |
| Major Injury | High | High | High | Medium | Medium |
| Minor Injury | High | Medium | Medium | Medium | Medium |
| First Aid | Medium | Medium | Medium | Low | Low |
| Negligible | Medium | Medium | Low | Low | Low |

| Risk Assessed | Action Required |
|---------------|-----------------------------------|
| Extreme | Work Activity Cannot Proceed |
| High | SWMS Required to Outline Controls |
| Medium | SWMS Required to Outline Controls |
| Low | No SWMS Required |

