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| **SWMS DETAILS** | | | |
| **Congregation/Location:** | | **Organisation: Uniting Church Qld Synod** **ABN**: **15722168228** | **Date**  / / |
| **Persons involved in creating the SWMS**  ***(2 or more persons)*** | Christine Przibilla, Qld Synod WHS Manager (Generic Draft)  *Insert local persons involved* | | **Insert Identifier E.g. Purchase order** |
| **Describe the job/activity you are performing** | To purchase, erect, operate, dismantle, maintain, store an inflatable amusement device – (Jumping Castle – *Insert Dimensions*) | | |
| **Describe the specific location (building, Area, structure (floor, room, roof);**  **Access Point Location where this job will take place, if relevant** | *Insert location on site where this Device will be installed and operated* | | |
| **List Formal Training, Licences required for workers undertaking this task** | Blue Card (Working with Children)Electrical Work or Electrical Contractor Licence  **Enter and Work in Confined Spaces** RIIWHS**202D** List OtherWork Safely in the Construction Industry (CPCCOHS1001A) - White Card Working Safely at Heights (RIIWHS204D) | | |
| **Is there a procedure applicable to this job** | *Insert Checklists associated with SWMS* Qld WHS Regulations Sections 238-242 [Click Here](https://www.legislation.qld.gov.au/view/pdf/inforce/current/sl-2011-0240)  AS/NZS 3533.4.1: 2005 *"Amusement Rides and Devices, Part 4.1 Specific requirements Land Borne inflatable devices”* | | |
| **Identify the Personal Protective Equipment or Clothing and Resources Required**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Foot Protection** | **Hand Protection** | **Hearing Protection** | **Eye Protection** | **Face Protection** | **Head Protection** | **High Visibility** | **Protective Clothing** | **Sun Protection** | **Fire Fighting Equipment** | **Spill Kit** | **Safety Signage** | **Safety Data Sheets** | **First Aid Kit** | | Description: Description: Footwear | Description: Description: Hand Protection |  |  |  |  | Description: Description: High Visibility Clothing copy 3 |  | Broad brimmed hat, UV rated clothing, SPF 50+ sunscreen, tinted safety glasses with adequate UV protection |  |  | safety signage |  |  | | | | |
| **List the main tools and safety equipment required to complete the job:**  Lock Out/Tag Out Equipment Communication - Radio or mobile phone Lanyard to secure tools Ladder – Non-conductive – Extension Ladder – Non-conductive -Step-Platform Barricading /bollards  Signage EWP/Boom Lift GeneratorAnemometer  **Other:**  Work Permit Rescue Plan Asbestos Register Emergency Management Plan | | | |

**Refer to Safety Hazard and Environmental Impacts List and Risk Matrix at end of this document for guidance**

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| **Job Steps**  **List the required steps in sequence** | **Hazards /Risks – What are the potential safety and environments hazards that can cause harm/damage?**  **What can cause harm? What can Happen?** | **Control Measures / Actions**  **What are the controls to eliminate or minimize the risk?** | **Has the hazard/risk been effectively controlled? Y/N**  **State the Residual Risk Rating with Controls in place**  **(refer Risk Matrix)** | **Person(s) responsible for control** |
| Identify all task(s) to be performed |  | Identify all activities from purchasing → decommissioning of work / activity to be undertaken |  |  |
| **Purchasing Inflatable Amusement Device (Jumping Castle)**  **Measuring Platform Height**  [DIAGRAM 1 - Measuring Platform Height](https://www.safework.sa.gov.au/sites/g/files/net4331/f/img_2754.jpg) | Compliance breach potential - Schedule 5, WHS Regulations stipulates *“Inflatable devices (continuously blown) with a platform height of 3 metres or more require Registration with Worksafe Qld”*  **N.B Inflatable devices (continuously blown)** means an amusement device that is an inflatable device that relies on a continuous supply of air pressure to maintain its shape.  **Platform height**means in relation to an inflatable device (continuously blown), the height of the highest part of the device designed to support persons using it (the platform) as measured from the surface supporting the device to the top surface of the platform when the device is inflated but unloaded.  Inadequate location to set up purchased device  Inadequate storage area to protect device from damage | Purchased New, second hand goods not acceptable  Registered with WorkSafe Qld if applicable  Device is accompanied by a copy of the Design Registration: Designed to withstand a minimum windspeed of 40kms per hour or less pending manufacturer information and design meets Australian Standards  Obtain information and instructions from the manufacturer and supplier in relation to the installation, operation, maintenance and inspection of the equipment  Preference PVC that is phthalate-free material (banned in EU as possible hormonal development issue)  Adequate Insurance Cover in place for Public and Products Liability to cover the use of the Jumping Castle. Note: this will not cover a third-party use of the device  Location identified for the device to be installed and used with adequate control of risks including space available and soft-fall areas allowance  Storage area identified as suitable to protect the device when not in use  *To obtain more information - consult AS/NZS 3533.4.1 – 2005 - standard for land-borne inflatable devices and Section 2.1 of Australian Standard 3533.1 – 2009 re commercial purpose use* |  |  |
| **Prepare for the Work/Activity** |  |  |  |  |
| 1. Inform occupants in the area of the work activity and expected duration | * Unauthorised access or unplanned entry into work area and sustains injury from slip/trip hazards or equipment in use | Inform site occupants before and at the completion of the work activity  Work area barricaded and/or Spotter provided to monitor |  |  |
| * Staff performing activity excluded from local emergency procedures **→** unaccounted staff or injury during an emergency | Staff to follow local emergency procedures as directed by area warden |  |  |
| 1. Complete staff inductions to the SWMS and Emergency Procedures | * Potential hazards not identified, staff unfamiliar with potential risks and controls **→** damage or injury | Amend this SWMS to capture other hazards/risks raised at pre-start meeting and during the work activity. All staff sign off on SWMS |  |  |
| **Install the Jumping Castle**   1. Preparation of Site/Location | * Potential contact with overhead or underground utilities **→** injury, electric shock or structural damage /service disruption * Obstruction to emergency assembly point **→** failed emergency evacuation | Underground and overhead utilities are identified; use Dial Before You Dig if required  Keep clear of overhead powerlines (maintain exclusion zones – minimum 8m clearance) and obstructions (e.g. Tree Branches) and underground cables/utilities  Place suitable ground cover over area involved, once debris removed, level surface  Maintain access to emergency assembly point |  |  |
| 1. Assembling the device/structure    1. General Considerations | * Damaged or faulty tools and equipment/device components **→** soft tissue injury | Ensure all tools and equipment /Device components used are inspected/calibrated/in service and suitable for use  Remove, Tag Out of Service damaged or faulty equipment  Use battery powered and insulated tools where possible |  |  |
| * Lack of or inappropriate PPE and Clothing **→** soft tissue, lacerations | All staff provided with PPE identified for tasks to be undertaken (hand, foot, eye, UV Protection)  High Vis if near traffic areas |  |  |
| * Severe weather event at onset or after work commences **→** personal or property damage | Do not commence or continue activity if raining, excessive wind, or storm activity imminent  Monitor BOM site throughout |  |  |
|  | * Awkward postures and / or forces applied with lifting and transportation of equipment**→** Soft tissue injury, disc irritation, strain, sprains | Mechanical aids and/or team lifting -minimum 2 persons  Only work within one’s own physical capacity |  |  |
| * Excessive Heat **→** fatigue, dehydration | Maintain hydration (water) and rest every 20-30 minutes in hot and humid conditions, access to shade, UV protection measures (hat, 50+ Sunscreen etc.), schedule work to early or later hours when temperatures are high |  |  |
| Electrical   * Contact with energised equipment/installations **→** burns, electric shock/electrocution * Power source overloaded and fails * Unsafe leads or damaged leads causing electrocution or damage to equipment | Remove items with exposed wires, tag out of service  Avoid the use of power boards: piggy back plugs and double adaptors are prohibited  Only allow the device to be attached to one power outlet (10amp) i.e. do not allow other devices to share that same power outlet  Avoid extension lead use if possible – if used these are to be secured and protected from damage and kept out of traffic areas, water, not exceed 25m length and stamped with the Regulatory Compliance Mark, in current Test and Tag date  Safety Switch Test within current test date; (RCD portable device in current test date used if no safety switch in place in switchboard)  Protect from adverse weather conditions |  |  |
| * Access or exit points obstructed in case of emergency **→** impede effective and safe evacuation | Keep free of obstructions – if required reposition structure to enable safe access or egress |  |  |
| * Vehicle and pedestrian interactions **→** personnel injury or property damage | Ensure the movement of vehicles and pedestrians are separated by defined barriers |  |  |
| * 1. **Specific** * Transport device to the identified location * Unroll the inflatable on a grassed or protected ground area ensuring there are no sharp objects underneath and do not drag across the ground | * Awkward postures and / or forces applied with lifting and transportation of equipment**→** Soft tissue injury, disc irritation, strain, sprains | Mechanical aids and/or team lifting -minimum 2 persons  Only work within one’s own physical capacity |  |  |
| * Secure device into position – hammer in supplied stakes at **all** anchor points * Hammer in stakes or alternative means to secure electric blower, protect from rain   **Note**: where the inflatable is set-up on hard or paved surfaces and is not secured with ground anchor stakes, the anchorage system should be designed to withstand the same forces as though it was secured with ground anchor stakes – e.g. sandbags/weights used   * Tie connection tube to blower * Switch blower on | * Awkward postures and / or forces applied **→** soft tissue, lacerations, strains * Inadequate anchorage **→** unstable device -personal/property damage * Inflation of device **→** personal or property damage | Use appropriate tool for task and PPE  Work within one’s own physical capacity  If the inflatable is set-up on hard or paved surfaces and is not secured with ground anchor stakes, the anchorage system is designed to withstand the same forces as though it was secured with ground anchor stakes – sandbags/weights, to prevent the device becoming airborne.  The anchorage system is considered in its entirety (i.e. ground conditions, stake, rope, rope angle, connections, attachment to inflatable and, number and placement of the anchorages)  Sufficient ground area is available to secure it to accommodate the required angle for tie-down ropes/straps  All anchors provided with the device are installed and used in accordance with the manufacturer's instructions  Stakes or anchors used are fit for purpose  Re-check the security of the ropes and anchorage points – Anchor stakes fastened with top restraints to prevent tie-down ropes slipping off.  Ensure all persons are well clear of the device -2m from its boundaries – barricade area if required to prevent unauthorised access  Connect device to the blower unit and power on and maintain the distance until the device has fully inflated  Re-check all components of the structure/device post inflation and correct any deficits as required prior use  Install additional weighting to anchorage points if required and /or in accordance with the manufacturer’s instructions |  |  |
| **Operation of Jumping Castle** |  |  |  |  |
| 1. Staff training | Untrained staff unaware of safety hazards/risks of device **→** personal injury/property damage | Staff inducted to SWMS and all safety aspects of device and activity - documented |  |  |
| 1. Pre-operation Check | Potential hazards/ risks not identified **→** personal injury or property damage | Document Pre-operation checklist  First Aid Kit and Fire Fighting Equipment readily accessible  Ground surface suitable (not slippery, clear of debris)  Adequate landing pads/ surfaces  Remove any entrapment or suffocation points  Ensure surfaces are clean (hygiene) and dry |  |  |
| 1. Supervision of Activity | Inability to communicate between persons involved with activity | Determine means of communication with other person(s) –mobile phone/radio |  |  |
|  | Inadequate supervision -due to lack of persons or training level attained **→** personal injury or property damage | Supervision staff required to hold current Blue Card (Working with Children) and be trained in all operational and safety aspects of the structure  Must be 18+ years age and Minimum 2 persons to supervise activity  Be familiar with maximum height, weight or age limits able to use the device; manage the mix of persons on the device at one time – Place sign re requirements; children under 3yo require adult supervision  Monitor/control entry and exits points to structure  Monitor and manage number of persons on device at one time – queue control in place: ensure in accordance with device safety information; monitor patron behaviour on device, food and drinks not allowed  Never leave the device unattended including absence of patrons using the device |  |  |
| Access or exit points obstructed in case of emergency | Monitor entry and exits points to structure, keep free of obstructions – if required reposition structure |  |  |
| Inadequate anchorage or insufficient strength tie down ropes **→** loss of device stability | Monitor status on a regular basis  Cease activity, safely evacuate all patrons from device to safe area, cut power to blower unit once all patrons removed, secure device in situ |  |  |
| Insufficient guarding e.g. blower unit **→** soft tissue injury, fracture, amputation | Ensure guard is secured in place  Restrict public access to unit – e.g. temporary barricade, signage |  |  |
| Severe weather event – Rain, winds>stated manufacturer’s specifications, hail, lightning | Monitor BOM site throughout  Cease activity if rain occurs or winds exceed manufacturer specifications for device  Remove patrons to safe area  Deflate the device and secure in situ |  |  |
| Slip/trip hazards e.g. anchor points, ropes, leads | Remove trip hazards, protect public by use of barriers if required; use witch’s hats or similar to cover anchor points where protruding |  |  |
| Sharp objects near the device **→** lacerationsor device damage /deflation | Remove sharp objects where possible or protect sharp edges  Ensure patrons remove shoes, buckles, glasses, loose objects prior etc. |  |  |
|  | Sudden loss of pressure / deflation due to holes or tears in the fabric of the device or power outage **→** suffocation/strangulation | Evacuate device in a controlled manner immediately and move patrons well away from the device to a safe zone  Maintain supervision of device and patrons  Consider having a backup generator on standby |  |  |
| Surface adjacent to entry/exits deteriorates or is misplaced **→** slip/trips or unable to absorb falls | Monitor constantly the integrity of surface or safety mats if used for landing / impact areas |  |  |
| 1. Regular structure and associated equipment and surrounds monitoring /inspections | Unidentified hazards **→** personal or property damage | Anchors and ropes; fabric integrity, air pressure sufficient to maintain walls of device in firm and upright position  Record any corrective actions required |  |  |
| **Maintenance, Inspection, Evidence** |  |  |  |  |
| 1. Routine | Inexperienced, unqualified personnel or inspections not performed or documented **→** defects/hazards not identified or breach to legislative requirements | Check log books/operations/maintenance manuals are up to date in accordance with the manufacturer’s instructions  Log books to include when device is erected, stored and list competent persons  Post assembly, pre-operation, daily, annually inspections undertaken by a competent person and in accordance with the recommendations by the manufacturer/supplier and/or maintenance manual |  |  |
| 1. Specified | ***Competent person*** *means a person who—*  *in the case of an inflatable device (continuously blown) with a platform height* ***less than 9m****—has acquired through training, qualification or experience the knowledge and skills to inspect the plant; or*  *Platform height* ***9+m***i*s registered under a law that provides for the registration of professional engineers* | If device is a Registered item of Plant then undertake a detailed inspection by a competent person every 12 months – includes maintenance and inspection records, log books  For all devices - all electrical installations can only be carried out by a qualified person with the appropriate electrical work licence |  |  |
| 1. General Documentation |  | Certificate Currency for Public and Products Liability Insurance (ensure jumping castle is included in policy through Synod Group Insurance)  Current Workers Compensation Policy (Employees)  Current Personal Accident Policy (Volunteers)  Current Plant Registration with WorkSafe Qld (if applicable) |  |  |
| **Emergency Management** |  |  |  |  |
| 1. Emergency Response and Rescue – from Device | * Person(s) ill or injured (incapacitated) whilst on Device * Device sudden failure**→** entrapment of person(s) | Call for first aid personnel; **call 000** if required  Instruct all other persons to leave the device and prevent further persons accessing the device  **ONLY if the area/structure is safe** – stay with incapacitated person until medical assistance arrives  Location of Assembly Area and access maintained |  |  |
| 1. Emergency Procedures/Emergency Response (General) |  | All persons are trained and familiar with the following:  Emergency Response: Call **000** immediately, then administer first aid to injured person/s, and refer to the following emergency plan for the site:  Assembly points ……………………………………………………….  Communication………………………………………………………….  Responsible persons…………………………………………………..  Emergency contacts (Names & Contact Nos):…….……  First aid equipment……..…………………………………………..  Fire Extinguisher – Accessible and in service |  |  |
| **Review –Controls implemented and monitored to be effective:** | Existing control(s) fails  Changes to the work place or work activity  New hazards identified  Incident occurs  Consultation processes identifies review required | Pre-work meetings undertaken  Relevant persons consulted on hazards, SWMS content  Controls throughout work and activity include consultation, spot checks  Corrective actions recorded and SWMS updated accordingly (in consultation with relevant persons)  Suitably qualified supervisors  Reporting systems in place |  |  |
| **Completion Work/ Job Activity**   1. At the completion of the work, undertake the site clean-up and demobilisation of equipment | * Poor housekeeping standards **→** slips, trips, dust/debris exposure | Remove all equipment and tools  Clean site – dispose of items and waste appropriately  Inspect site post clean up  Place completed inspections and SWMS documentation into Church files and send copies to relevant parties as required  Log books, etc to be placed with the device |  |  |
| **Storage Jumping Castle** | * Awkward postures and / or forces applied **→** Soft tissue injury, disc irritation, strain, sprains | Mechanical aids and/or team lifting  Cool dry area  Device is fully deflated, clean, dry, inspected for damage and repaired as required |  |  |
|  | * Unsuitable storage location – exposure to weather, chemicals, sharp objects, restricted access, vermin →personal injury, damage to structure | Storage area assessed as meeting all requirements  Maintain pest treatment program  Stored with easy access/retrieval  Area included in congregation routine inspection program |  |  |

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| **SIGN OFF (Employees, Volunteers and Contractors)**  *I have read the above SWMS and understand its contents. I confirm that I have the skills and training, including any relevant certification to conduct the tasks as described.*  *I agree to comply with safety requirements within the SWMS* | | | | | |
| **Full Name (Print)** | **Position** | **Signature** | **Full Name (Print)** | **Position** | **Signature** |
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| **SWMS AUTHORISATION (i.e. Property Officer, Minister)**  I acknowledge that I have reviewed the SWMS in consultation with the workers undertaking this work activity. | | | | | |
| **Authoriser Full Name: Position: Signature: Date: / /** | | | | | |

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| **SAFETY HAZARDS & ENVIRONMENTAL IMPACTS TO CONSIDER include:** | | | |
| **Physical Work Environment** | **Mechanical/Equipment** | **Work Tasks** | **Environmental Impact** |
| Fall from Height | Vehicles / Mobile / Fixed Plant | Repetitive movements | Protected species – e.g. snakes |
| Falling Objects | Powered Equipment / Tools | Awkward postures | Air (dust, Gas) |
| Trips & Slips | Non- Powered Equipment / Tools | Lifting / Handling | Water Contamination |
| Restricted Access  Confined Space |  | Restricted or Confined Space Entry | Waste –generation and disposal |
| Inadequate Work Space | **Work Environment Conditions** | Working at Height | Air (dust, Gas) |
| Ventilation / Air Quality | Noxious weeds | Working Alone / Late | Noise pollution |
| Noise / Vibration | Weather / temperature extremes | Hot work e.g. welding | Flora/Fauna |
| Heat / Cold | Vegetation | Psychosocial aspects e.g. violence, fatigue, bullying | Soil Contamination |
| Lighting | Water Hazards |  |  |
| Hit by objects | Venomous/dangerous species | **Energy Sources** |  |
| Hitting objects | **Hazardous Chemicals/ Dangerous Goods** | Fire / explosion |  |
| Entrapment / Collapse | Chemicals | Electrical – incl. overhead and underground cable |  |
| Fragile / Unstable Surface | Gases | Pressure |  |
| Uneven / Sloping or Slippery Surface | Flammable / Combustible | Compressed Air |  |
| Vents / Pipes / Extraction Units | Dusts / Fumes | Radiation –Ultra-Violet, Electromagnetic, Welding, Lasers, Radiofrequency |  |
| Confined Space |
| Skylights and Penetrations | Radioactive Agent | **Biological** |  |
| Holes, Openings or Excavations | Asbestos | Animal or human tissue/fluids |  |
| Moving vehicles /Traffic |  | Plant materials |  |
| Security Systems and arrangements |  | Food Handling- e.g. harmful bacteria |  |

**Risk Rating Matrix (For Safety and Environment)**

The Risk Matrix provides a **guide** to assist in objectively assessing the risk potential and subsequent Control Measures to be put in place to adequately manage the risk.

It is suggested that the use of this risk matrix is undertaken by at least 2 persons and the resultant risk ratings are based on the **current control measures you have put in place.**

1st What is the **most probable** consequence of **the unwanted event, incident or circumstance occurring?**

2nd What is the **realistic** likelihood of **the unwanted event, incident or circumstance occurring?**

3rd Use the Matrix below to see where the criteria from the Consequence and the Likelihood tables intersect

| **Consequence** | **1.Negligible** | **2.Minor** | **3.Moderate** | **4.Major** | **5.Severe** |
| --- | --- | --- | --- | --- | --- |
| **Work, Health, Safety & Environment (WHSE)** | Limited harm  First aid treatment  Return to pre-existing condition within 24 hours  Negligible environmental impact | Injury or illness  No lost time  Minor medical treatment  Return to pre-existing condition within 1 week  Minor localised environmental impact | Serious compensable injury, Extended time off >7 days  Return to pre-existing condition within 1 month  Material environmental impact | Injuries requiring hospitalisation  Permanent impairment due to injury  Return to pre-existing condition within 3 months  Serious environmental impact | Fatality or numerous serious injuries  Unable to return to pre-existing condition  Long-term environmental harm |

**Consequence**

