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| UTS SAFE WORK METHOD statement (SWMS) |

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| 1. **FACULTY/SUBJECT** | |
| Faculty/Subject title | Robotics 41013 – Autumn 2019 |
| Subject supervisor/coordinator | Dr. Gavin Paul - gavin.paul@uts.edu.au |
| SWMS prepared by | Harrison Farrell & Lachlan Farrell |

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| 1. **WORK ACTIVITY DESCRIPTION** | | | | | | |
| Describe the work activity E.g. Operating, Handling, Using.. Include names of hazardous equipment, substances or materials used,  and any quantities and concentrations of substance(s) or reaction products. | Members of the team will be working off a desk which will also be the base for an operation dobot.  This working conducted my the team members will involve working within the operation range of the dobot and moving the dobot location on the desk. | | | | | |
| 1. HAZARDS: Choose those hazard types that will need to have control measures in Section 4 | | | | | | |
| **Work Environment**   * Working in Remote Locations * Working Outdoors/fieldwork * Clinical/Industrial setting * Poor ventilation/Air quality * Temperature extremes * Working at Height * Slip/Trip/Fall hazards | | **Plant**   * Noise * Vibration * Working with compressed air * Lifts Hoists or Cranes * Moving parts (Crushing,friction, cut, stab, shear hazards) * Pressure Vessels or Boilers | | **Chemical**   * Hazardous Chemicals use * Skin/eye irritant * Sensitiser * Mutagen * Carcinogen * Toxic to reproduction * Aquatic toxicity * Toxic * Corrosive * Dangerous when wet | | **Ergonomic/Manual Handling**   * Repetitive or awkward movements * Lifting heavy objects * Over reaching * Working above shoulder or below knee height * Poor workstation set up |
| **Electrical**   * Plug in equipment * High voltage * Exposed wiring * Exposed conductors | | **Radiation**   * Ionising Radiation * Non-ionising radiation (Lasers, Microwaves, Ultraviolet light) | | **Biological**   * Sharps/Needles * Cytotoxins * Pathogens/infectious materials * Infectious materials * Communicable diseases * Animal/insects * Work with fungi/bact/viruses | | **Psychosocial**   * Aggressive or violent clients/students * Working in isolation * Working with timeframes * Staffing issues |
| 1. **CONTROLS MEASURES: Choose those that apply for hazards identified** | | | | | | |
| **Eliminate/Isolate/Substitute / Engineering Controls**   * Remove hazard * Restrict access * Redesign equipment * Guarding / Barriers / Fume Cupboard / exhaust * Biosafety cabinet * Use safer materials/substances * Ventilation * Regular maintenance of equipment * Redesign of workspace / workflow | | | **Admin specific: Licenses/permits Work Methods**   * Training Information or Instruction * Licensing or certification of operators * Test and tag electrical equipment * Restricted access * Regular breaks * Task rotation * Work in pairs * Document Chemical risk assessment * Ladder / Sling register | | **Emergency Response Systems**   * First aid kit * Chemical spill kit * Safety shower * Eye wash station * Emergency Stop button * Remote Communication Mechanism | |
| **Other controls not listed** | | | | | | |
| 1. **PPE REQUIRED (Tick those that apply)** | | | | | | |
| http://www.orr.uts.edu.au/images/pictograms/protection/hand.pnghttp://www.orr.uts.edu.au/images/pictograms/protection/face.pnghttp://www.orr.uts.edu.au/images/pictograms/protection/eye.pnghttp://www.orr.uts.edu.au/images/pictograms/protection/hearing.pnghttp://www.orr.uts.edu.au/images/pictograms/protection/foot.pnghttp://www.orr.uts.edu.au/images/pictograms/protection/ppe.png | | | | | | |
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| http://www.orr.uts.edu.au/images/pictograms/protection/respiratory.pnghttp://www.orr.uts.edu.au/images/pictograms/protection/head.pnghttp://www.orr.uts.edu.au/images/pictograms/protection/hair.png | | | | | | |
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| 1. **EMERGENCY EQUIPMENT** | | | | | | |
| http://www.orr.uts.edu.au/images/pictograms/equipment/eyewash.pnghttp://www.orr.uts.edu.au/images/pictograms/equipment/spill.pnghttp://www.orr.uts.edu.au/images/pictograms/equipment/shower.png | | | | | | |
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| 1. **work activity steps** |
| **before you start:**  **steps in work activity:**  **emergency procedures:**  **training required:** |

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| 1. **sign off** | | |
| **prepared by:**  **NAME:** | **Supervisor**  **Name:** | **Date:**  **Review Date:** |