¥0	WORK METHOD STATEMENT	<b>T</b>				
CON	CONTRACTOR TEMPLATE					
Con	Contractor Details:					
Con	ny Name:	TMS High Pressure Water Cleaning	<b>A</b>	<b>ABN:</b> 49 696 334 619		1
Con	C	nt, North Rocks		THE THE PROPERTY OF THE PROPER		
Nam	Name of Key Contact Representative:	: Paul Trampe	Contact Details:	0428-411648		
₩or	Work Method Statement Details:					
Wor	Work Site / Location: ← APE ←	cod Austr 1916	BAC Site Contact: (name)		And the second of the second o	
Wor	Work Activity Title: Brick/block cleaning	ning		Proposed Work Date:		man and a part of the same of
¥M;	WMS Author/s: (name/s)			Development Date:		A. C.
Rela	Related Permit To Work Number: (if applicable)	plicable)	Related Work Approval Number: (if applicable)	lumber: (if applicable)	The same of the sa	er omge om der fanner omkomst far i beste ste
Rela	Related Overarching Safe Work Plan:	☐ Yes ☐ No				
Task No.	Tasks List in sequence, the tasks involved in the work activity.	Hazards List the hazards relating to each task using the WHSQ Risk Management Code	Controls  For each identified hazard, list the controls to be implemented based on the hierarchy of controls.	Responsible Party List the role, competency, prescribed occupation title, etc. responsible for	Risk /	Risk Analysis With controls in pla
		Consider any environmental issues where applicable.		foreperson, plant operator, electrician, dogger, etc).	14	CL RI
	Cleaning of bricks / Besser blocks	- Noise from machinery	Isolate machine from working area to an outdoor area where possible and wear	Brick cleaner, water supply and distance to work area	F	
			ear protection ( ear plugs)	machine could be placed.		
		- Back strain	Minimise lifting over 20 kg. Full acid drum is 15 kg.	Brick cleaner	F	
		- Chemical spills	Read material Safety sheet on handling and first aid. Lid of drum is always screwed on. Drum is positioned on a flat surface ( ground or scaffold)	Brick cleaner	F	
		- Chemical burns	Use of PPE, raincoat, gumboots, rubber gloves, hard hat, safety goggles		F	
		- Respiration	Use of PPE and respirator (face mask) particularly when cleaning indoors where adequate ventilation has to be provided by builder/construction company.		Ę	

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	(Assessed)	Refer to the WHSO Risk Management Code of Practice 2007 as a quide as required (11 = 1 kellhood Level C) = Consequence Level Risk = Risk Level Assessed)	practice 2007 as a quide as required (11 =	Refer to the WHSO Risk Management Code of P
	,			
		Acid is always mixed to water!  1- Pre wet bricks/blocks,  2- Apply acid mix to bricks/blocks, usually between 10:1 to 20:1. Applied with watering cans  3- rinse surface  4- Pressure clean surface,  5- for the second clean steps 1 to 4 will repeated again.		Brick cleaning method that will be used:
F		Isolate working area from other working personnel including the use of warning signs. At smaller sites like domestic sites other worker will be warned in person that brick cleaning is in progress.	- injury to others	
F		Do not work at certain heights without fall arrest system	- Falls	

Note: Although more than one page of the above may be required, the Monitoring, Approval & Communication sections must also be completed as part of the VMS development & implementation process.

WORK METHOD STATEMENT			
CONTRACTOR TEMPLATE			
Method for Monitoring / Reviewing Controls:  Detail how the controls will be monitored and reviewed during the work activity. Include reference to any inspections or checks and the responsible party/s who may undertake the monitoring.	de reference to any inspections or checks and the res	sponsible party/s who may undertake th	he monitoring.
WMS Approval: (Contractor Supervisor / Manager) I have reviewed the above WMS content and approve the proposed work activity to commence once applicable communication has been undertaken with relevant persons.	commence once applicable communication has been	undertaken with relevant persons.	
GARLY KLOWY		13 4 2015 1.40	O Am.
WMS Communication: (tick one of the following)	C. C.Briming	-	
☐ This section not required as this work activity is linked to a PTW and WMS communication ☐ This section is required as this work activity is not linked to a PTW.	nd WMS communication is to be tracked via a PTW Sign On/Off Sheet.	TW Sign On/Off Sheet.	
Name	Signature	Date	
Paul Trampe, t/as TMS  31/3/2015	I hully understand the nazards and control measures	31/3/2015	vity.
	A A		