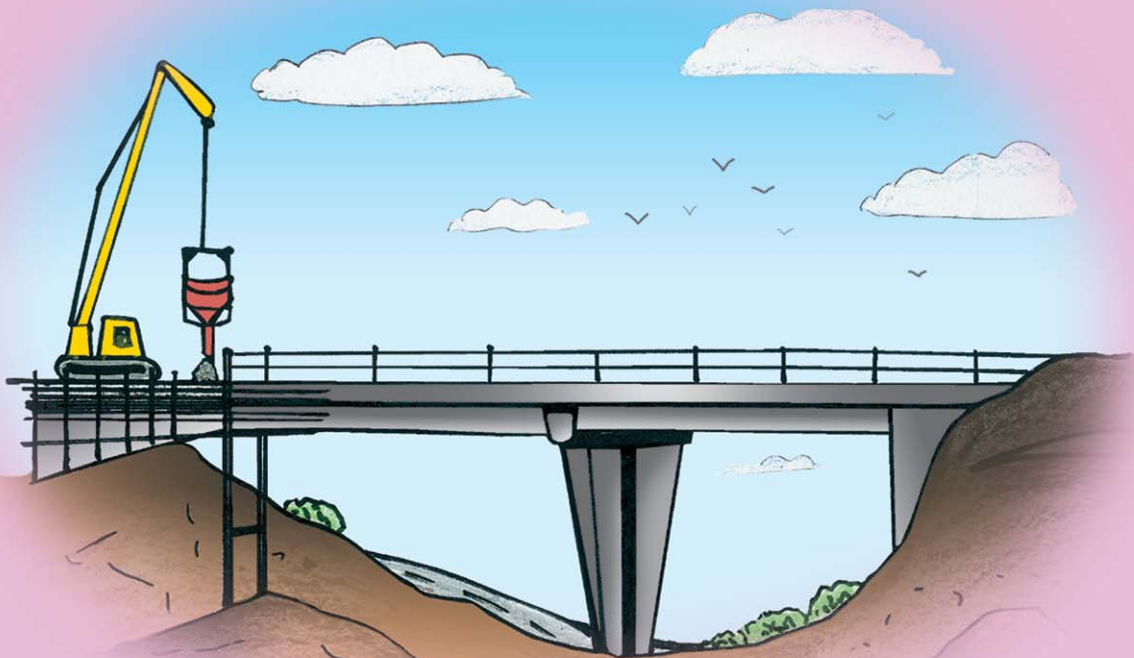




HEALTH AND SAFETY  
AUTHORITY

# SAFE SYSTEM OF WORK PLAN (SSWP)



CIVIL ENGINEERING FORM

# Safe System of Work Plan (SSWP) Guidelines

The Safe System of Work Plan (SSWP) complements the Safety Statement required under the Safety, Health and Welfare at Work Act, although it does not replace the requirement for such a Safety Statement. Specific Guidelines on Safety Statements are available from the Health and Safety Authority.

This guidance, which is particularly relevant to contractors, self-employed persons and employees, deals with the completion of SSWP for Construction.

The SSWP will help users to complete construction work activity in a safe manner.

Completing and using the SSWP will also help you to meet some of the legal obligations placed on you by health and safety legislation.

## The Safe System of Work Plan (SSWP)

The primary objective of the SSWP is to identify the major hazards associated with your work activities and to ensure that appropriate controls are in place before work commences.

The SSWP achieves many other objectives, including:

- Links the implementation of the Safety Statement directly to the work activity.
- Focusing on safety for a particular task. The SSWP is completed at the start of each activity, and can be reviewed at any time during the work.
- Increasing awareness. It encourages the users to consider a range of options to deal with the risks. The users will become familiar with the various controls available.
- Communicating through the use of pictograms so that the meaning can be understood by persons who possess little or no English.
- Being user friendly: just tick the hazards and controls.

**The Safe System of Work Plan (SSWP) should be used as a final check to ensure that the identified controls for a specific construction work activity are available and in place. However safety starts long before any specific construction activity takes place. Hazard identification, risk assessment, the elimination and control of identified hazards must take place through all stages of construction from the planning stage, through the design process, the tendering process and on to the construction stage so that each specific construction activity will have had safety built in.**

## The SSWP: A 3-part process:

- Part 1: Planning the activity
- Part 2: Hazard Identification, and Control Identifier
- Part 3: Sign off

### PART 1

This part will be completed by the person planning the activity. Normally this will be carried out by the supervisor/foreman and/or self-employed person prior to work starting. Where a site safety officer is employed they should be involved in the process.

- Identify who the employer/self-employed person is, e.g. *Acme Pipe Laying Ltd*
- Name of the Supervisor for the activity, e.g. *A. McSample*
- Identify the number of workers in the team, e.g. *3*
- Identify the specific location of the activity, e.g. *gridline x to gridline y*

- Describe the specific activity, e.g. *pipelaying*
- When the work is to start, the date, e.g. *Tuesday, 1st June*
- What skills are required, e.g. *360 excavator driver, banksman, pipelayer, flag man*
- Plant and Equipment required, e.g. *Fiat Hitachi EX200, Sling, Shackle*
- Hazardous Materials, if used, e.g. *Acme Bondex XXX, R45*
- Contact Names & Tel No. in the event of an emergency, e.g. *Site Foreman, Safety Officer*
- Name of the First Aider, and the location of the nearest First Aid Box
- Are Permits to Work required? Tick type
- The final section of this part: list requirements that are identified in the Construction Regulations and other Legislation as mandatory.

**Note: For sites where more than 20 persons are normally employed at any one time, a site safety representative should be appointed.**

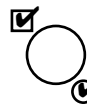
### PART 2

This part of the SSWP form deals with hazard identification, risk assessment, and risk control. Normally this will be carried out by the supervisor/foreman and/or self-employed person prior to work starting. Where a site safety officer is employed they should be involved in the process.



The **Hazards** should first be identified by **ticking the square boxes in the "Select Hazard or Activity" column.**

The appropriate **Controls** to eliminate the hazard or reduce the risk should be identified by **ticking the square boxes in the "Select Control" column.**



When controls are in place **tick the round box.** This must be done in conjunction with the workers at the specific work location prior to the work taking place.



Similarly, the Personal Protective Equipment (PPE) and Fire Equipment required, should be selected by **ticking the square boxes in the PPE/ Fire sections, and when acquired by ticking the round box.**

**NOTE: The list of Hazards and Controls depicted in each form is not exhaustive.**

Part 2 of the form may also contain several blank hazard triangles, each labelled with the word "identify", and several blank control boxes, each labelled with the word "other". As the list of hazards depicted is not exhaustive, where other hazards are identified, these can be written into the blank hazard triangles. Similarly, as the list of controls depicted is not exhaustive, where other controls are identified, these can be written into the blank control boxes.

### PART 3

This part deals with the signing off of the SSWP. The purpose of signing off is to identify the person who has prepared the SSWP, and also to confirm that the completed SSWP has been brought to the attention of all those to whom the SSWP applies. **Note 1: The completed SSWP must remain at the specific location of the work with the persons carrying out the work activity.**

**Note 2: A new SSWP must be completed when (1) a new hazard is identified, (2) the task changes, or (3) the environment changes.**

**Optional: A record sheet is available inside the back cover.**

**REMEMBER "IF IT'S NOT SAFE DON'T DO IT, AND INFORM SITE MANAGEMENT"**

# SAFE SYSTEM OF WORK PLAN (SSWP)

## CONSTRUCTION FORM 5 (CIVIL ENGINEERING)

Plan No.

PART 1

Job Details	Resources Required	Emergency Details
Employer Name: _____	Worker Skills: _____	Contact Names & Tel No.
Supervisor/Lead Person: _____	_____	1. _____
Number of Workers: _____	_____	2. _____
Specific Location: _____	Plant/Equipment: _____	3. _____
Description of Works: _____	_____	First Aider: _____
_____	_____	_____
Start Date: _____	Hazardous Materials: _____	Location of First Aid Box: _____
<b>NOTE: A new SSWP must be completed when the task or the environment changes.</b>		<b>WORK PERMITS REQUIRED</b> Hot <input type="checkbox"/> Electricity <input type="checkbox"/> Excavation <input type="checkbox"/> Confined Space <input type="checkbox"/> Other <input type="checkbox"/>

**Before Works Starts the following MUST be in place**



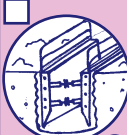

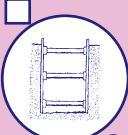




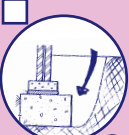



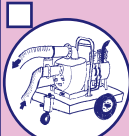



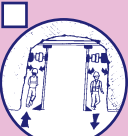








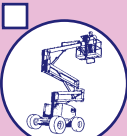

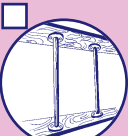
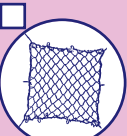
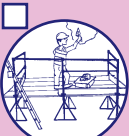


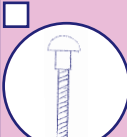
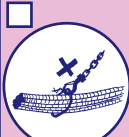


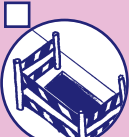
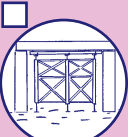

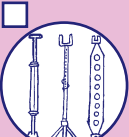
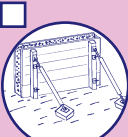









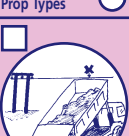





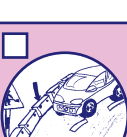

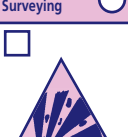




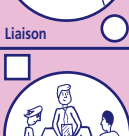
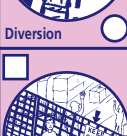
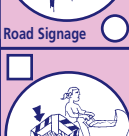

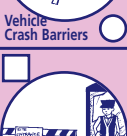


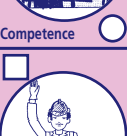
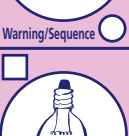

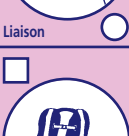

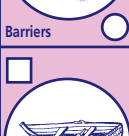
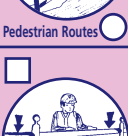
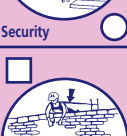


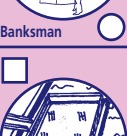
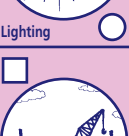

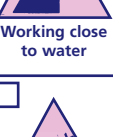
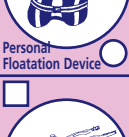
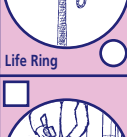
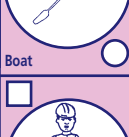
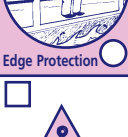


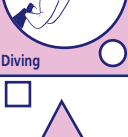
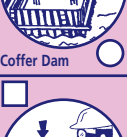
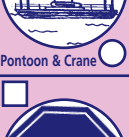
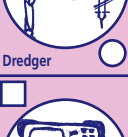
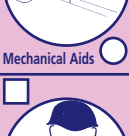
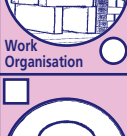
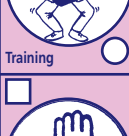
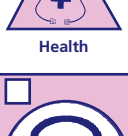


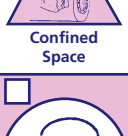
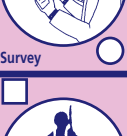

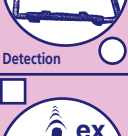













**SELECT HAZARD OR ACTIVITY**      **SELECT CONTROL**      All controls identified below must be in place before work starts

Tick the  box to identify controls required;    Tick the  circle when control is in place.

										
General	Drawings	Risk Assess	Method Statement	Housekeeping	Access Route	Ground Conditions	Lighting	Warning Signs	Fire Control/Assembly	Weather
										
Services	Service Supplier	Divert / Off	Detector & Mark	Permit to Work	Hand Dig	Isolate/Lock Out	Barriers	No Flames	Gas Bottle Storage	Over Head Lines
										
Plant	Selection/Suitability	Pile Driving	180 Excavator	Vehicle Recovery	360 Excavator	Rock Breaker	Bulldozer	Dumper	Roll Over Protection/No Passengers	Road Planer
										
Lifting Operations	Teleporter	Forks Clamp/Extension	Locking Attachments	Concrete Pump	Pump Connections	Grab Lorry	Road Sweeper	Vehicle Movement	Water Bowser	PTO Guard & Access Steps
										
Hand Held Equipment	Delivery/Transport	Reverse Warning Devices	Traffic Speed Control	Dead Man Handle	Seat Belts	Safe Driving	Private Parking	Compound/Plant Security	Select Crane Type	Crane Coordination
										
	SWL/Plan Lift	Banksman	Exclusion Zone	Check Lifting Gear	Man Cradle	Concrete Skips	Pallets/Secure Loads	Pedestrian Route	Examination & Inspection	Other
										
	Selection/Suitability	Voltage	Check Cable	Guards	Generators Outside	Compressor & Whip Checks	Jack Hammer/Kango	Dust Suppression	Hot Works	Chain Saw

PART 2

HAZARD OR ACTIVITY	CONTROL Tick the <input checked="" type="checkbox"/> box to identify controls required; Tick the <input checked="" type="checkbox"/> circle when control is in place.									
<input type="checkbox"/>  Excavation	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
<input type="checkbox"/>  Falls and Falling Objects	<input type="checkbox"/> 	<input type="checkbox"/> 	<input checked="" type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
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<input type="checkbox"/>  Structures In-Situ Precast Steel Work	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
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<input type="checkbox"/>  Traffic Management	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
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<input type="checkbox"/>  Working close to water	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input checked="" type="checkbox"/> 	<input checked="" type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
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<input type="checkbox"/>  Manual Handling	<b>PPE</b>									
	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 

SSWP prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

The controls to be used as per this form have been brought to my attention.

Signed by Team: \_\_\_\_\_

**NOTE:** This list of Hazards and Controls is not exhaustive and is in no particular order.  
**IF IT'S NOT SAFE DON'T DO IT AND INFORM SITE MANAGEMENT**

# FOR THE RECORD (OPTIONAL)

	PLAN NO.	START DATE	LOCATION	PREPARED BY
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# Safe System of Work Plan (SSWP) Civil Engineering

*Achieving a  
Healthy  
and Safe  
Working Life  
-Together*

**HEALTH AND SAFETY  
AUTHORITY HEADQUARTERS**  
10 Hogan Place, Dublin 2  
Tel. 1890 289 389  
Callers outside Republic of  
Ireland 00353 1 6147000  
Fax. (01) 6147020  
website: [www.hsa.ie](http://www.hsa.ie)



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HEALTH AND SAFETY  
AUTHORITY

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