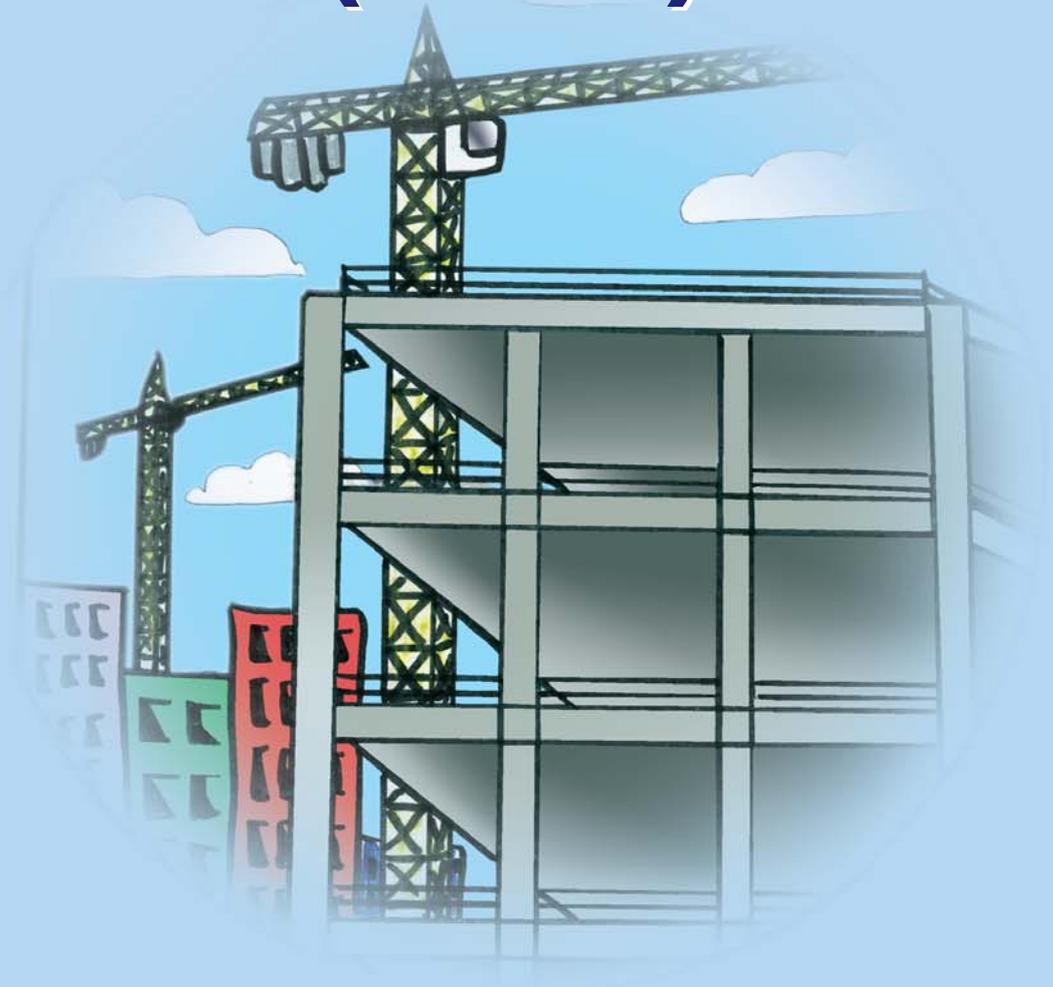




HEALTH AND SAFETY
AUTHORITY

SAFE SYSTEM OF WORK PLAN (SSWP)



NEW COMMERCIAL BUILDINGS 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 4 (NEW COMMERCIAL BUILDINGS)

Plan No.

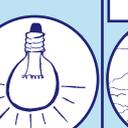
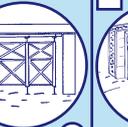
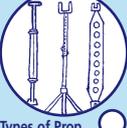
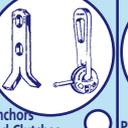
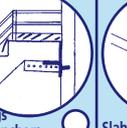
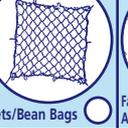
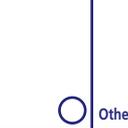
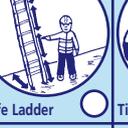
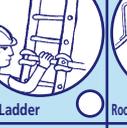
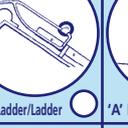
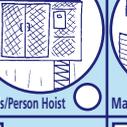
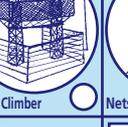
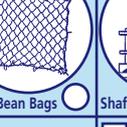
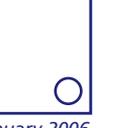
PART 1

Job Details	Resources Required	Emergency Details
Employer Name: _____	Worker Skills: _____	Contact Names & Tel No.
Supervisor/Lead Person: _____	_____	1. _____
Number of Workers: _____	_____	2. _____
Specific Location: _____	_____	3. _____
Description of Works: _____	Plant/Equipment: _____	First Aider: _____
_____	_____	_____
Start Date: _____	Hazardous Materials: _____	Location of First Aid Box: _____
NOTE: A new SSWP must be completed when the task or the environment changes.		WORK PERMITS REQUIRED 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	Working Platform	Warning Signs	Weather
										
In-Situ	Proprietary Working Platform	Proprietary Edge Protection	Guard All Opes	Steel Fixing	Concrete Pour	Concrete Poker	Striking	Form Tables	Temporary Works	Prop Supports
										
Precast	Types of Prop	Materials Delivery	Spreader Beams	Anchors and Clutches	Packing Pieces	Tag Lines	Exclusion Zone	Fixings and Anchors	Slab Bearing	Communication
										
Steel Work	Safety Lines	Slab Safety Anchor	Safe Access	Nets/Bean Bags	Fall Arrest and Rescue	Other	Other	Other	Other	Other
										
Working from Height and Falling Objects	Scaffolding	Loading Bay	Slab Loading Bay	Ladder Access	Safe Ladder	Tie Ladder	Roof Ladder/Ladder	'A' Ladder	Stilts	Trestle Platform
										
Edge Protection	Stair Protection	Mobile Scaffold	Fall Protection	MEWP	Goods/Person Hoist	Mast Climber	Nets/Bean Bags	Shafts/Opes	Propping	
										
Blockwork Courses	Overhead Work	Exclusion Zone	Lifting Points/Eyes	Pallets/Bales	Block Grabs and Nets	Chutes	Sheeting Fans	Storage	Other	

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.									
Plant	<input type="checkbox"/> Selection/Suitability	<input type="checkbox"/> Teleporter	<input type="checkbox"/> Forks Clamp	<input type="checkbox"/> Forks Extension	<input type="checkbox"/> Locking Attachments	<input type="checkbox"/> Concrete Pump	<input type="checkbox"/> Pump Connections	<input type="checkbox"/> Ground Conditions	<input type="checkbox"/> Mixer	<input type="checkbox"/> Reverse Warning Devices
	<input type="checkbox"/> Traffic Speed Control	<input type="checkbox"/> Seat Belts	<input type="checkbox"/> Compound	<input type="checkbox"/> Pedestrian Route	<input type="checkbox"/> Flagman	<input type="checkbox"/> Banksman	<input type="checkbox"/> Communication	<input type="checkbox"/> Crane Coordination	<input type="checkbox"/> Plan Lift	<input type="checkbox"/> SWL
Lifting Operations	<input type="checkbox"/> Check Lifting Gear	<input type="checkbox"/> Glazing/Suction	<input type="checkbox"/> Load Stability	<input type="checkbox"/> Skips/Bins	<input type="checkbox"/> Concrete Skips	<input type="checkbox"/> Stillages	<input type="checkbox"/> Overhead Lines	<input type="checkbox"/> Remote Control	<input type="checkbox"/> Examination & Inspection	<input type="checkbox"/> Other
	<input type="checkbox"/> Selection/Suitability	<input type="checkbox"/> Voltage	<input type="checkbox"/> Check Cable	<input type="checkbox"/> Cable Protection	<input type="checkbox"/> Guards	<input type="checkbox"/> Generators Outside	<input type="checkbox"/> Compressor & Whip Checks	<input type="checkbox"/> Jack Hammer/Kango	<input type="checkbox"/> Dust Suppression	<input type="checkbox"/> Cartridge Tools
Hand Held Equipment	<input type="checkbox"/> Paint Sprayer	<input type="checkbox"/> Hot Works	<input type="checkbox"/> Gas/Flame Arrester	<input type="checkbox"/> Con Saw	<input type="checkbox"/> Angle Grinder	<input type="checkbox"/> Power Floating	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Replace Damaged Parts	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/> Service Supplier	<input type="checkbox"/> Divert / Off	<input type="checkbox"/> Detector & Mark	<input type="checkbox"/> Permit to Work	<input type="checkbox"/> Hand Dig	<input type="checkbox"/> Isolate/Lock Out	<input type="checkbox"/> Barriers	<input type="checkbox"/> No Flames	<input type="checkbox"/> Over Head Lines	<input type="checkbox"/> Other
Services	<input type="checkbox"/> Fencing	<input type="checkbox"/> Hoarding	<input type="checkbox"/> Barriers	<input type="checkbox"/> Warning Signs	<input type="checkbox"/> Security	<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Flagman	<input type="checkbox"/> Banksman	<input type="checkbox"/> Lighting	<input type="checkbox"/> Pedestrian Way
	<input type="checkbox"/> Dust/Muck	<input type="checkbox"/> Handover Controls	<input type="checkbox"/> Visitor Control	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Manual Handling	<input type="checkbox"/> Risk Assess	<input type="checkbox"/> Mechanical Aids	<input type="checkbox"/> Work Organisation	<input type="checkbox"/> Training
Working close to the public	<input type="checkbox"/> Helmet/Boot	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Safety Gloves	<input type="checkbox"/> Ear Protection	<input type="checkbox"/> High Visibility Vest	<input type="checkbox"/> Dust Mask	<input type="checkbox"/> Respiratory Equipment	<input type="checkbox"/> Face Protection	<input type="checkbox"/> Safety Harness	<input type="checkbox"/> Safety Overalls
	<input type="checkbox"/> Fire	<input type="checkbox"/> Emergency Route		<input type="checkbox"/> WATER Cloth, paper, wood only		<input type="checkbox"/> DRY POWDER Most fires + electric		<input type="checkbox"/> CARBON DIOXIDE Flammable liquids + electric		<input type="checkbox"/> FOAM Oil, fuel fires only
PPE										

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) New Commercial Buildings

*Achieving a
Healthy
and Safe
Working Life
-Together*

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