



HEALTH AND SAFETY
AUTHORITY

SAFE SYSTEM OF WORK PLAN (SSWP)



DEMOLITION 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
- Is a Method Statement required? Tick if required
- 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" 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.

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

SAFE SYSTEM OF WORK PLAN (SSWP)

CONSTRUCTION FORM 3 (DEMOLITION)

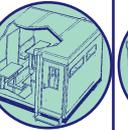
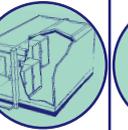
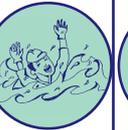
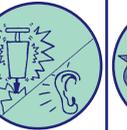
Plan No.

PART 1

Job Details	Resources Required	Emergency Details
Employer Name: _____ Supervisor/Lead Person: _____ Specific Location: _____ Description of Works: _____ _____ _____ Number of Workers: _____ Start Date: _____	Worker Skills: _____ _____ _____ Plant/Equipment: _____ _____ _____ Hazardous Materials: _____ _____ _____	Contact Names & Tel No. 1. _____ 2. _____ 3. _____ First Aider: _____ _____ Location of First Aid Box: _____ _____ WORK PERMITS REQUIRED Hot <input type="checkbox"/> Electricity <input type="checkbox"/> Excavation <input type="checkbox"/> Confined Space <input type="checkbox"/> Other <input type="checkbox"/> Method Statement Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTE: A new SSWP must be completed when the task or the environment changes.

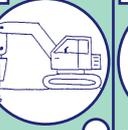
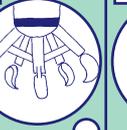
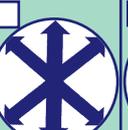
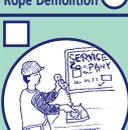
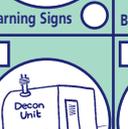
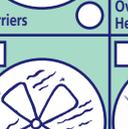
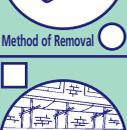
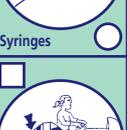
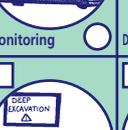
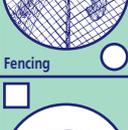
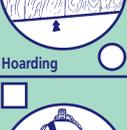
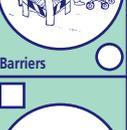
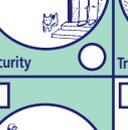
Before Works Starts the following MUST be in place Tick the circle when confirmed

 Competence	 Safe Pass	 Plant Certs	 CSCS	 Induction	 Communication	 WC & Washing	 Canteen	 Drying/Changing	 Drinking Water	 Smoking Control
ASBESTOS SURVEYS										
 Structural Survey	 Type 1	 Type 2	 Type 3	 Environment Risk Assess	 Method Statement/Emergency Plan	 Fire/Gas/Vapour Controls	 Flood Controls	 Liaison	 Vibration/Noise Assess	 Waste Management

PART 2

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

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

<input type="checkbox"/>	 Select Method	 Hand <input type="checkbox"/>	 Gen. Machine <input type="checkbox"/>	 Remote Control <input type="checkbox"/>	 Cranes <input type="checkbox"/>	 Long Reach <input type="checkbox"/>	 Dem. Pole/Pusher Arm <input type="checkbox"/>	 Impact Hammer <input type="checkbox"/>	 Shears/Pulverizer <input type="checkbox"/>	 Grapple <input type="checkbox"/>	 Wrecking Ball <input type="checkbox"/>
<input type="checkbox"/>	 Rope Demolition <input type="checkbox"/>	 Drilling/Sawing <input type="checkbox"/>	 Chemical Agents <input type="checkbox"/>	 Explosives <input type="checkbox"/>	 Bursting <input type="checkbox"/>	 Hot Cutting <input type="checkbox"/>	 Thermic Lancing <input type="checkbox"/>	 Propping Plan <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	 Services	 Service Supplier <input type="checkbox"/>	 Divert / Off <input type="checkbox"/>	 Survey Map <input type="checkbox"/>	 Detector/CSCS <input type="checkbox"/>	 Hand Dig <input type="checkbox"/>	 No Flames <input type="checkbox"/>	 Warning Signs <input type="checkbox"/>	 Barriers <input type="checkbox"/>	 Over Head Lines <input type="checkbox"/>	 Tipping <input type="checkbox"/>
<input type="checkbox"/>	 Health	 Risk Assess <input type="checkbox"/>	 Method of Removal <input type="checkbox"/>	 Syringes <input type="checkbox"/>	 Biological Agents <input type="checkbox"/>	 Permit to Work <input type="checkbox"/>	 Monitoring <input type="checkbox"/>	 Decontamination Unit <input type="checkbox"/>	 Vent. Extraction <input type="checkbox"/>	 Dust Suppress <input type="checkbox"/>	 Waste Removal <input type="checkbox"/>
<input type="checkbox"/>	 Working close to the public	 Fencing <input type="checkbox"/>	 Hoarding <input type="checkbox"/>	 Barriers <input type="checkbox"/>	 Pedestrian Way <input type="checkbox"/>	 Lighting <input type="checkbox"/>	 Warning Signs <input type="checkbox"/>	 Security <input type="checkbox"/>	 Traffic Control <input type="checkbox"/>	 Banksman <input type="checkbox"/>	 Stop Go Man <input type="checkbox"/>
<input type="checkbox"/>	 Working close to water	 Personal Floatation Device <input type="checkbox"/>	 Life Ring <input type="checkbox"/>	 Boat <input type="checkbox"/>	 Edge Protection <input type="checkbox"/>	 Safety Line <input type="checkbox"/>	 Fall Arrest <input type="checkbox"/>	 Grablines <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAZARD OR ACTIVITY	CONTROL Tick the <input checked="" type="checkbox"/> box to identify control system required; Tick the <input checked="" type="checkbox"/> circle when control system is in place.									
Plant and Equipment	<input type="checkbox"/> Check Suitability	<input type="checkbox"/> Roll Over Protection/No Passengers	<input type="checkbox"/> Seat Belts	<input type="checkbox"/> Warning Devices	<input type="checkbox"/> Traffic Speed Control	<input type="checkbox"/> Teleporter	<input type="checkbox"/> Forks Clamp	<input type="checkbox"/> Forks Extension	<input type="checkbox"/> Ground Conditions	<input type="checkbox"/> Locking Attachments
	<input type="checkbox"/> Crushing Plant	<input type="checkbox"/> Compound	<input type="checkbox"/> Private Parking	<input type="checkbox"/> Pedestrian Routes	<input type="checkbox"/> Banksman	<input type="checkbox"/> Stop Go Man	<input type="checkbox"/> Cranes	<input type="checkbox"/> Check Lifting Gear	<input type="checkbox"/> Examination & Inspection	<input type="checkbox"/> Plan Lift
Lifting Operations	<input type="checkbox"/> SWL/Check Valves	<input type="checkbox"/> Load Stability	<input type="checkbox"/> Exclusion Zone	<input type="checkbox"/> Skips/Bins	<input type="checkbox"/> Man Cradle	<input type="checkbox"/> Overhead Lines	<input type="checkbox"/> Remote Control	<input type="checkbox"/> Gas Storage	<input type="checkbox"/> Safety Clips	<input type="checkbox"/> Maintenance
	<input type="checkbox"/> Check Suitability	<input type="checkbox"/> Cables Check Protection	<input type="checkbox"/> Guards	<input type="checkbox"/> Voltage	<input type="checkbox"/> Generator	<input type="checkbox"/> Compressor	<input type="checkbox"/> Saws/Drills	<input type="checkbox"/> Welders/Flame Cutters	<input type="checkbox"/> Jack Hammer/Kango	<input type="checkbox"/> Dust Suppression
Hand Tools	<input type="checkbox"/> Site Clearance	<input type="checkbox"/> Underpinning	<input type="checkbox"/> Formwork	<input type="checkbox"/> Facade Retention/Shoring	<input type="checkbox"/> Trench Sheets Shoring	<input type="checkbox"/> Pre-Stressed Steel	<input type="checkbox"/> Pre Weakening Plan	<input type="checkbox"/> Public Exclusion Zone	<input type="checkbox"/> Degassing/Purging	<input type="checkbox"/> House Keeping
	<input type="checkbox"/> Scaffold	<input type="checkbox"/> Edge Protection	<input type="checkbox"/> MEWP	<input type="checkbox"/> Goods/Person Hoist	<input type="checkbox"/> Nets/Anchors	<input type="checkbox"/> Roof Ladder/Ladder	<input type="checkbox"/> Crawling Boards	<input type="checkbox"/> Overhead Lines	<input type="checkbox"/> Lighting	<input type="checkbox"/> Signs
Miscellaneous	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Propping	<input type="checkbox"/> No Undermining	<input type="checkbox"/> Overhead Work	<input type="checkbox"/> Exclusion Zone	<input type="checkbox"/> Storage	<input type="checkbox"/> Sheeting Fans	<input type="checkbox"/> Chutes	<input type="checkbox"/> Cab Guards/FOPs	<input type="checkbox"/> Weather
	<input type="checkbox"/> Survey	<input type="checkbox"/> Risk Assess	<input type="checkbox"/> Permit to Work	<input type="checkbox"/> Detection	<input type="checkbox"/> Tripod	<input type="checkbox"/> Communication	<input type="checkbox"/> Dust	<input type="checkbox"/> Wet	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Extraction
Working from Height and Falling Objects	<input type="checkbox"/> Risk Assess	<input type="checkbox"/> Mechanical Aids	<input type="checkbox"/> Work Organisation	<input type="checkbox"/> Training	PPE	<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"/> Emergency Routes	WATER Cloth, paper, wood only	DRY POWDER Most fires + electric	CARBON DIOXIDE Flammable liquids + electric	FOAM Oil, fuel fires only	<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
Confined Space	<input type="checkbox"/> Survey	<input type="checkbox"/> Risk Assess	<input type="checkbox"/> Permit to Work	<input type="checkbox"/> Detection	<input type="checkbox"/> Tripod	<input type="checkbox"/> Communication	<input type="checkbox"/> Dust	<input type="checkbox"/> Wet	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Extraction
	<input type="checkbox"/> Manual Handling	<input type="checkbox"/> Risk Assess	<input type="checkbox"/> Mechanical Aids	<input type="checkbox"/> Work Organisation	<input type="checkbox"/> Training	PPE	<input type="checkbox"/> Helmet/Boot	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Safety Gloves	<input type="checkbox"/> Ear Protection
Fire	<input type="checkbox"/> Emergency Routes	WATER Cloth, paper, wood only	DRY POWDER Most fires + electric	CARBON DIOXIDE Flammable liquids + electric	FOAM Oil, fuel fires only	<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

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) Demolition

*Working to create a
national culture
where all commit to
safe and healthy
workplaces and the
safe and sustainable
management of
chemicals.*

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