SAFE SYSTEM OF WORK PLAN (SSWP)
SAFETY AND HEALTH ON MY FARM

Location Details | Resources Required | Emergency Details
---|---|---
Farmer Name: | Worker Skills: | Contact Names & Tel No.
Address: | | 1. 
Description of Work: | Machinery/Equipment: | 2. 
Date: | Hazardous Materials: | 3. 
Location of First Aid Box:

**Before Works Starts the following MUST be done**

**SELECT HAZARD**

**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.

**TRACTORS/VEHICLES**
- CAB
- LIGHTS/MIRRORS
- BRAKES
- HAND BRAKE
- CONTROLS
- CONSIDER SLOPES
- HITCH PIN
- NO PASSENGERS
- SUPPORTS
- SAFE PARKING
- ATV SAFETY
- HANDBOOKS

**MACHINERY**
- PTO GUARD
- ‘O’ GUARD
- ‘U’ GUARD
- PTO - STOP
- SECURE LOADS
- NO PASSENGERS

**LIVESTOCK**
- CRUSH FACILITIES
- CALVING GATE
- BULL PEN
- SAFE LOADING
- BULL RING & CHAIN
- BULL/VEHICLE

**FARMYARD BUILDINGS**
- SLURRY FENCED
- SAFE ROOF WORK
- NO SWINGING DOORS
- HANDRAILS
- SAFETY BARRIER
- OUTSIDE AGITATION

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HAZARD | CONTROL
---|---
apot | Tick the ✔️ box to identify controls required; Tick the ✔️ circle when control is in place.

PART 2

HAZARD | CONTROL
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REPAIRS | HOUSEKEEPING
ELECTRICITY | CHECK SWITCH BOARD
CHEMICALS | SECURE STORAGE
CHILDREN | SECURE PLAY AREA
HEALTH | REDUCE LIFTING

PART 3

HAZARD | CONTROL
---|---
PPE | SAFETY BOOTS

NOTE: This is an Non Exhaustive List of Hazards and Controls

IF IT’S NOT SAFE DON’T DO IT

SSWP prepared by: __________________________ Date: __________
The controls to be used as per this form have been brought to my attention.

Signed by Team:

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