

HARBOUR TOWN SWMS REVIEW CHECKLIST

| | To be completed by designated Harbour Town Representative | | | | | | | | | | | | |
|--------------------------|---|---|--|----------------|----|------|----------------------------|----|----|--|--|--|--|
| Operation: | | HTCM Employee/Contractor: | SWMS Title, Number and Revision: | | | | | | | | | | |
| Persons Completing SWMS: | | Date SWMS Completed: | Activity Location: | | | | | | | | | | |
| Activity | y Description: | | | | | | | | | | | | |
| Item | | SWMS Criteria Verification | | Initial Review | | riew | Final Review (if required) | | | | | | |
| | | | | YES | NO | NA | YES | NO | NA | | | | |
| 1. | SWMS title, number, date and revision (if applicable) | | | | | | | | | | | | |
| 2. | Scope and task(s) to be undertaken including activity location defined clearly | | | | | | | | | | | | |
| 3. | Name and signature of person who developed the SWMS and those who were consulted | | | | | | | | | | | | |
| 4. | Responsible person identified to ensure that the work activity is monitored, reviewed and carried out in accordance with the SWMS | | | | | | | | | | | | |
| 5. | Plant/equipment to be used is described and includes: maintenance and inspection checks done, certification by qualified person and/or registration | | | | | | | | | | | | |
| 6. | Workers qualifications – current licenses, operator's certification are described and location of copies known/identified | | | | | | | | | | | | |
| 7. | Relevant EHS Legislation, Standards, Codes, Regulations, are noted and compliance is confirmed | | | | | | | | | | | | |
| 8. | PPE requirements clearly identified, where PPE requirements extends further than Lend Lease minimum requirement, the type of PPE is specifically listed | | | | | | | | | | | | |
| 9. | Site specific and sets out step by step how the work ac | tivity will be carried out at the operation | | | | | | | | | | | |
| 10. | Hazards and the consequences associated with each step of the work activity are identified | | | | | | | | | | | | |
| 11. | Risks for each step of the work activity are initially asse | essed/rated (e.g. high, med, low) then reasses | ssed with residual risk after controls have been applied | | | | | | | | | | |
| 12. | Controls to manage risks for each step (based on the hardertive Equipment {PPE} are defined and describe | | stitute; isolate; engineer; administrate; Personal | | | | | | | | | | |
| 13. | Photos/diagrams/sketches provided to enhance SWMS | 6 for complex or high risk work activities [OPT | IONAL] | | | | | | | | | | |
| 14. | Section to indicate that the SWMS has been communic | cated and all workers inducted | | | | | | | | | | | |
| 15. | Emergency arrangements e.g. fire, first aid, rescue fro | | | | | | | | | | | | |



SWMS REVIEW CHECKLIST

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|--|---|--------------------|--------------|--------------------------------|---|--|----------------------------|---|--------------------------------|--|--|
| What permits | s/checklists are | e required? (tick) | | | | | | | | | |
| ☐ Working a (includes ceil | | ☐ Use of MEWP | | ☐ Crane Operating | ☐ Confined | spaces | ☐ Electrical/gas isolation | ☐ Working with Services (gas, electrical, water, sewer: underground and overhead) | ☐ Hot works | | |
| SWMS Accep | ptance | | | | | | | | | | |
| Does the SWMS address the above acceptance criteria? ☐ Yes ☐ No ☐ If no, why not? [state below] | | | | | | | | | | | |
| Criteria No. | | | | Reason/Further Action Required | | | | | | | |
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| | Summary of Reviews Undertaken and Updates Received | | | | | | | | | | |
| I have reviewed this SWMS, and to the best of my knowledge, it meets Harbour Town Premium Outlet acceptance criteria | | | | | | | | | | | |
| | | | t of my knov | wledge, it meets Har | bour Town Premi | | • | | | | |
| Subcontractors Signature: Print Name: Date: | | | | | | Harbour Town Representitive – Signature: Print Name: Date: | | | | | |
| | * | CATION CHECKS | | - | of Harbou Town/subcon | | | | or is complying with their SWM | | |
| Date | GOING SWMS VERIFICATION CHECKS Harbour Town will monitor the activities of Harbou Town/subcreated By (Print Staff Name) | | | | Verification Actions (list outcomes) 1. Complies, 2. Observation (minor changes/new revision), 3. Non-conformance (issue no compliance notification, note number here) | | | | | | |
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