



HEALTH AND SAFETY
AUTHORITY

SAFE SYSTEM OF WORK PLAN (SSWP)



HOUSE BUILDING 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.

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

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

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FORM 2

HAZARD OR ACTIVITY

CONTROL

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

<input type="checkbox"/> Plant and Equipment	<input type="checkbox"/> Selection/Suitability <input type="checkbox"/>	<input type="checkbox"/> Traffic Control <input type="checkbox"/>	<input type="checkbox"/> Private Parking <input type="checkbox"/>	<input type="checkbox"/> Speed Signs <input type="checkbox"/>	<input type="checkbox"/> Pedestrian Route <input type="checkbox"/>	<input type="checkbox"/> Fencing <input type="checkbox"/>	<input type="checkbox"/> Banksman <input type="checkbox"/>	<input type="checkbox"/> Stop Go Man <input type="checkbox"/>	<input type="checkbox"/> Roll Over Protection/No Passengers <input type="checkbox"/>	<input type="checkbox"/> Seat Belts <input type="checkbox"/>		
	<input type="checkbox"/> Reverse Warning Devices <input type="checkbox"/>	<input type="checkbox"/> SWL/ Check Valves <input type="checkbox"/>	<input type="checkbox"/> Plan Lift <input type="checkbox"/>	<input type="checkbox"/> Exclusion Zone <input type="checkbox"/>	<input type="checkbox"/> Ground Conditions <input type="checkbox"/>	<input type="checkbox"/> Teleporter <input type="checkbox"/>	<input type="checkbox"/> Forks Clamp <input type="checkbox"/>	<input type="checkbox"/> Forks Extension <input type="checkbox"/>	<input type="checkbox"/> Locking Attachments <input type="checkbox"/>	<input type="checkbox"/> Other <input type="checkbox"/>		
	<input type="checkbox"/> Crane <input type="checkbox"/>	<input type="checkbox"/> Check Lifting Gear <input type="checkbox"/>	<input type="checkbox"/> Slab Lifting Gear <input type="checkbox"/>	<input type="checkbox"/> Block Grabs and Nets <input type="checkbox"/>	<input type="checkbox"/> Skips/Bins <input type="checkbox"/>	<input type="checkbox"/> Stillages <input type="checkbox"/>	<input type="checkbox"/> Load Stability <input type="checkbox"/>	<input type="checkbox"/> Overhead Lines <input type="checkbox"/>	<input type="checkbox"/> Weather <input type="checkbox"/>	<input type="checkbox"/> Concrete Pump <input type="checkbox"/>		
	<input type="checkbox"/> Power Floating <input type="checkbox"/>	<input type="checkbox"/> Cement Mixer <input type="checkbox"/>	<input type="checkbox"/> Paint Sprayer <input type="checkbox"/>	<input type="checkbox"/> Maintenance <input type="checkbox"/>	<input type="checkbox"/> Remote Control <input type="checkbox"/>	<input type="checkbox"/> Communication <input type="checkbox"/>	<input type="checkbox"/> Examination & Inspection <input type="checkbox"/>	<input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> Other <input type="checkbox"/>		
	<input type="checkbox"/> Electricity	<input type="checkbox"/> ESB <input type="checkbox"/>	<input type="checkbox"/> Divert/Off <input type="checkbox"/>	<input type="checkbox"/> Survey Map <input type="checkbox"/>	<input type="checkbox"/> Detector/CSCS <input type="checkbox"/>	<input type="checkbox"/> Over Head Lines <input type="checkbox"/>	<input type="checkbox"/> Warning Signs <input type="checkbox"/>	<input type="checkbox"/> Hand Dig <input type="checkbox"/>	<input type="checkbox"/> Barriers <input type="checkbox"/>	<input type="checkbox"/> Tipping <input type="checkbox"/>	<input type="checkbox"/> Other <input type="checkbox"/>	
		<input type="checkbox"/> Gas	<input type="checkbox"/> Gas Company <input type="checkbox"/>	<input type="checkbox"/> Divert/Off <input type="checkbox"/>	<input type="checkbox"/> Survey Map <input type="checkbox"/>	<input type="checkbox"/> Detector/CSCS <input type="checkbox"/>	<input type="checkbox"/> Warning Signs <input type="checkbox"/>	<input type="checkbox"/> No Flames <input type="checkbox"/>	<input type="checkbox"/> No Mechanical Digging <input type="checkbox"/>	<input type="checkbox"/> Hand Dig <input type="checkbox"/>	<input type="checkbox"/> Barriers <input type="checkbox"/>	<input type="checkbox"/> Storage <input type="checkbox"/>
	<input type="checkbox"/> Members of Public		<input type="checkbox"/> Fencing <input type="checkbox"/>	<input type="checkbox"/> Hoarding <input type="checkbox"/>	<input type="checkbox"/> Barriers <input type="checkbox"/>	<input type="checkbox"/> Pedestrian Way <input type="checkbox"/>	<input type="checkbox"/> Lighting <input type="checkbox"/>	<input type="checkbox"/> Warning Signs <input type="checkbox"/>	<input type="checkbox"/> Security <input type="checkbox"/>	<input type="checkbox"/> Traffic Control <input type="checkbox"/>	<input type="checkbox"/> Banksman <input type="checkbox"/>	<input type="checkbox"/> Stop Go Man <input type="checkbox"/>
		<input type="checkbox"/> Dust/Muck <input type="checkbox"/>	<input type="checkbox"/> Visitor Control <input type="checkbox"/>	<input type="checkbox"/> Handover Controls <input type="checkbox"/>	<input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> Manual Handling <input type="checkbox"/>	<input type="checkbox"/> Risk Assess <input type="checkbox"/>	<input type="checkbox"/> Mechanical Aids <input type="checkbox"/>	<input type="checkbox"/> Work Organisation <input type="checkbox"/>	<input type="checkbox"/> Training <input type="checkbox"/>	
		<input type="checkbox"/> PPE	<input type="checkbox"/> Safety Helmet <input type="checkbox"/>	<input type="checkbox"/> Safety Boots <input type="checkbox"/>	<input type="checkbox"/> Eye Protection <input type="checkbox"/>	<input type="checkbox"/> Safety Gloves <input type="checkbox"/>	<input type="checkbox"/> Ear Protection <input type="checkbox"/>	<input type="checkbox"/> Hi Visibility Vest <input type="checkbox"/>	<input type="checkbox"/> Dust Mask <input type="checkbox"/>	<input type="checkbox"/> Respiratory Equipment <input type="checkbox"/>	<input type="checkbox"/> Face Protection <input type="checkbox"/>	<input type="checkbox"/> Safety Harness <input type="checkbox"/>

PART 2

PART 3

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

Signed by Team:

**NOTE: This is an Non Exhaustive List of Hazards and Controls
 IF IT'S NOT SAFE DON'T DO IT AND INFORM SITE MANAGEMENT**

<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

FOR THE RECORD (OPTIONAL)

	PLAN NO.	START DATE	LOCATION	PREPARED BY
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Safe System of Work Plan (SSWP) House Building

*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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