



# SAFE SYSTEM OF WORK PLAN (SSWP)



## BUILDING AND MONUMENT MAINTENANCE



# 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 except where employers employing 3 or less employees are in full compliance with the relevant Code of Practice.

This guidance, which is particularly relevant to contractors, self-employed persons and employees, deals with the maintenance of buildings and monuments.

The SSWP will help users to complete maintenance work on housing, buildings, monuments and other structures in 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 except where employers employing 3 or less employees are in full compliance with the relevant Code of Practice.
- 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 responsible person/supervisor/foreman and/or engineer prior to work starting.

- Identify who the employer/self-employed person is, e.g. *Acme Pipe Laying Ltd*
- Name of the Responsible Person/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 Supervisor or Foreman*
- 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. Where these requirements are in place a tick mark should be placed in the round box.

**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 the hazards and controls will be identified by the engineer, supervisor, or foreman prior to work starting.



**The Hazards or Work Activity** of concern 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), should be selected by **ticking the square boxes** in the PPE section, and when acquired by **ticking the round box**.

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 in the form is not exhaustive**, where other hazards are identified, these can be written into the blank hazard triangles. Similarly, as the **list of controls depicted in the form 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 is to ensure that the form has been fully completed and that relevant persons involved in the work activity have been made aware of the risks and the controls required to eliminate such risks. Initially the person who identifies the hazards, controls and activities based on their knowledge of the work involved and any information made available to them signs off. The next signature is of the person(s) who puts the identified control measures in place. Finally, as the persons involved in carrying out the work activity and to whom the SSWP applies are made aware of the controls for their own safety, each person involved identifies that they have been made aware of these controls. Persons who call to the site and who may also be exposed to any risks arising must be made aware of the controls in place and should also sign the SSWP.

**Note 1:** The completed SSWP must remain at the specific location of the work with the persons carrying out the work activity. The SSWP should be kept in a location which is accessible to all.

**Note 2:** A new SSWP must be completed when (1) a new hazard is identified, (2) the task changes, or (3) the environment changes.

**Note 3:** The completed SSWP must be reviewed on a regular basis.

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

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

Published in 2010 by the Health and Safety Authority. © Copyright The Health and Safety Authority – 2010. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the Health and Safety Authority.

**We gratefully acknowledge the help and participation of the LASAG group in the production of this form.**

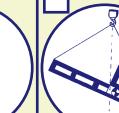
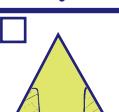
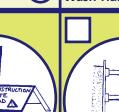
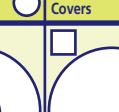
# **SAFE SYSTEM OF WORK PLAN (SSWP)**

## **BUILDING AND MONUMENT MAINTENANCE**

**Plan No.**

Job Details				Resources Required				Emergency Details																								
Employer Name: _____ Responsible Person: _____ Number of Workers: _____ Specific Location: _____ Description of Works: _____  Start Date: _____				Worker Skills: _____  Plant/Equipment: _____  Hazardous Materials: _____				Contact Names & Tel No. 1. _____ 2. _____ 3. _____ First Aider: _____  Location of First Aid Box: _____																								
<b>NOTE:</b> A new SSWP must be completed when the task or the environment changes.								<b>WORK PERMITS REQUIRED</b> Hot <input type="checkbox"/> Electricity <input type="checkbox"/> Asbestos <input type="checkbox"/> Confined Space <input type="checkbox"/> Other <input type="checkbox"/> Method Statement Yes <input type="checkbox"/> No <input type="checkbox"/>																								
Before Works Starts the following arrangements <b>MUST</b> be in place																																
 Supervision		 Safe Pass		 Plant/Eq. Cert.		 CSCS		 Communication/Induction		 WC & Washing																						
 Canteen		 Drying/Changing		 Drinking Water		 First Aid		 PPE																								
SELECT HAZARD OR ACTIVITY	SELECT CONTROL	All controls identified below must be in place before work starts																														
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Members of the Public/Live Traffic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work Organisation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fencing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Barriers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pedestrian Way	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Warning Signs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Traffic Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tool & Equipment Security	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housekeeping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Infestation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Survey/Assess	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Decontamination/Extermination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Specialist PPE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weil's Disease/Hygiene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dust	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ventilation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Extraction
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Working with Electricity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Service Supplier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Isolate/Lock Out	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Competence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Safety File/O + M Manual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Warning Signs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Barriers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	STOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wire/Cable Locator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hand Held Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Selection/Suitability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check Cable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Guards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Maintenance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Replace Damaged Parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compressor & Whip Checks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Guarding in Place	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Con Saw/Abrasive Wheels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cartridge Tools
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Working from Height incl. Roof Work & Falling Objects	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Risk Assess	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Edge Protection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MEWP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Goods/Person Hoist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nets/Bean Bags	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Overhead Lines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Signs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Propping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weather	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ladder Access
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Safe Ladder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trestle Platform	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mobile Scaffold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scaffold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chutes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exclusion Zone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	'A' Ladder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Ladders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Examination & Inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Storage
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fall Protection and Rescue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Crawling Boards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Internal Platform	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lone Working/Violence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Accompanied/Attended	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Communication/Alarm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Controlled Periodic Checks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Risk Assess/Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other

## PART 2

HAZARD OR ACTIVITY	CONTROL Tick the <input checked="" type="checkbox"/> box to identify controls required; Tick the <input checked="" type="radio"/> circle when control is in place.										
	<input type="checkbox"/> Plant and Lifting Operations Selection/Suitability	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
	<input type="checkbox"/> Hidden Services Service Supplier	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	
	<input type="checkbox"/> Asbestos Containing Material Identity/Survey	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	
	<input type="checkbox"/> Excavation Survey	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	
	<input type="checkbox"/> General Animal Deterrents Technique	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
	<input type="checkbox"/> Manual Handling Risk Assess	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	
	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 		<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 		
<b>PPE</b>	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 						

Hazards, activities and controls on this SSWP identified by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Controls put in place by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

I have been made aware of the hazards & controls for this activity. 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**

## PART 3

# **FOR THE RECORD (OPTIONAL)**

PLAN NO.	START DATE	LOCATION	PREPARED BY
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
51			
52			

# Safe System of Work Plan (SSWP) Building and Monument Maintenance

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

**HEALTH AND SAFETY AUTHORITY**  
**Metropolitan Building**  
**James Joyce Street**  
**Dublin 1**  
**Tel. 1890 289 389**

International callers  
00353 1 6147000  
Fax. (01) 6147020

**[www.hsa.ie](http://www.hsa.ie)**