

## Safe Work Method Statement – Installations V4.7

|                                |  |                                     |  |
|--------------------------------|--|-------------------------------------|--|
| <b>Site Name</b>               |  | <b>Client Contact Name</b>          |  |
| <b>Site Address</b>            |  | <b>Client Contact Signature</b>     |  |
| <b>Unit type(s)</b>            |  | <b>Competent Employee Name</b>      |  |
| <b>Project outline</b>         |  |                                     |  |
| <b>Date</b>                    |  | <b>Competent Employee Signature</b> |  |
| <b>Job Number (Waterlogic)</b> |  | <b>Client Ref. Number or PO</b>     |  |

|   | Task / Procedure                                                                                                                | Equipment Required                       | Potential Hazard                                                       | Risk Rating    | Safety Control Measure                                                                                                                                                               | Risk rating (After control) | Person Responsible                                                                 |
|---|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------|
| 1 | Arrive on site                                                                                                                  |                                          | Unaccounted personnel in case of emergency<br><br>Unknown site hazards | L-5<br><br>L-5 | Report to reception/sign-in<br><br>Complete site induction (as required)                                                                                                             | L-3<br><br>L-3              | Competent Waterlogic Group (WLG) Employee<br>Competent WLG Employee & Site Contact |
| 2 | Proceed to proposed water cooler/heater location                                                                                |                                          | Slips/Trips                                                            | M-6            | Place signage or barricade work area if required                                                                                                                                     | L-1                         | Competent WLG Employee                                                             |
| 2 | Delivery of Equipment and Materials                                                                                             | Handheld trolley (larger equipment only) | Manual Handling Injury                                                 | M-8            | Ensure all movement of equipment, tools and supplies is done so with correct lifting techniques and lifting equipment. Inspect Trolley prior to use and assess suitability for site. | L-5                         | Competent WLG Employee                                                             |
| 3 | Assess area where work is to be performed and identify tools required                                                           |                                          | Trip hazards, slips trips and falls.                                   | M-8            | Notify surrounding staff and site contact. Place signage or barricade work area if required                                                                                          | L-5                         | Competent WLG Employee                                                             |
| 5 | Isolate water supply to immediate area where water cooler/heater will be installed                                              | General Hand Tools                       | Slip, trip & Falls                                                     | L-4            | Display wet floor sign. Notify site contact.                                                                                                                                         | L-1                         | Competent WLG Employee                                                             |
| 6 | Connect into water supply and install a dedicated water isolation point and pressure limiting valve for the water cooler/heater | General Hand Tools                       | Sprains and strains                                                    | L-2            | Use correct task specific hand tools                                                                                                                                                 | L-1                         | Competent WLG Employee                                                             |

|    |                                                                                                                                                                                                      |                              |                                                                                                 |     |                                                                                                                                                                                                                                                                                                                                                                                                    |     |                                         |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------|
| 7  | Run watermark compliant flexible tubing from water connection to water cooler/heater – tubing to be concealed in ducting where visible. Ducting secured to surface with double sided tape or screws. | General Hand Tools           | Sprains and strains<br><br>Cuts, bruises, grazes Falls<br>Hit by falling object Slips and trips | L-2 | Use correct task specific hand tools                                                                                                                                                                                                                                                                                                                                                               | L-1 | Competent WLG Employee                  |
|    |                                                                                                                                                                                                      | Step Ladder (if required)    |                                                                                                 | M-8 | Use correct task specific hand tools                                                                                                                                                                                                                                                                                                                                                               | L-3 | Competent WLG Employee                  |
|    |                                                                                                                                                                                                      |                              |                                                                                                 | M-8 | Follow WL safe use of ladders procedure – Ensure the stepladder legs are fully spread before climbing.<br>When working at maximum height – feet on third step from the top – keep feet well spaced and brace legs against the ladder. Before use, inspect ladder for damage – feet, tread, braces and spreaders. Make all movements carefully.<br>ONLY ONE PERSON SHOULD BE ON A LADDER AT A TIME. | L-5 | Competent WLG Employee                  |
| 8  | Connect water to unit via filter and install unit isolation valve (for units other than undersink)                                                                                                   | General Hand Tools           | Sprains and strains                                                                             | L-2 | Use correct task specific hand tools                                                                                                                                                                                                                                                                                                                                                               | L-1 | Competent WLG Employee                  |
| 9  | Drill hole in sink for faucet (undersink units only)                                                                                                                                                 | Cordless Drill with hole saw | Electric Shock<br>Cuts, bruises, grazes                                                         | M-8 | Drill inspected prior to use and any charging device tested/tagged – follow WL Electrical safety procedure and WL safe use of tools policy                                                                                                                                                                                                                                                         | L-3 | Competent WLG Employee                  |
| 10 | Connect Water from unit to faucet (undersink units only)                                                                                                                                             | General Hand Tools           | Sprains and strains                                                                             | L-2 | Use correct task specific hand tools                                                                                                                                                                                                                                                                                                                                                               | L-1 | Competent WLG Employee                  |
| 11 | Reinstate water supply to area and check for leaks                                                                                                                                                   |                              | Slip, trip & Falls                                                                              | L-5 | Display wet floor sign and mop up any spills immediately                                                                                                                                                                                                                                                                                                                                           | L-3 | Competent WLG Employee                  |
| 12 | Flush water through filter to bucket (10L)                                                                                                                                                           |                              | Slip, trip & Falls                                                                              | L-5 | Display wet floor sign and mop up any spills immediately                                                                                                                                                                                                                                                                                                                                           | L-3 | Competent WLG Employee                  |
| 13 | Connect unit’s power supply cord to GPO                                                                                                                                                              |                              | Electric shock                                                                                  | M-8 | Ensure GPO is sufficient supply for unit and turned off before connecting. Ensure hands are dry before touching GPO                                                                                                                                                                                                                                                                                | L-3 | Competent WLG Employee                  |
| 14 | Fill tanks and flush water through all tap combinations to bucket or sink drain.                                                                                                                     |                              | Slip, trip & Falls                                                                              | L-5 | Display wet floor sign and mop up any spills immediately                                                                                                                                                                                                                                                                                                                                           | L-3 | Competent WLG Employee                  |
| 15 | Tidy Work Area<br>Ensure no water is present in area<br>Dispose of all packaging & consumables<br>Empty water bucket to drain                                                                        |                              | Slip, trip & Falls Trip Hazard<br><br>Slip, trip & Falls                                        | L-5 | Mop up and dry effected area                                                                                                                                                                                                                                                                                                                                                                       | L-3 | Competent WLG Employee                  |
|    |                                                                                                                                                                                                      |                              |                                                                                                 | L-2 | Ensure area is free of clutter                                                                                                                                                                                                                                                                                                                                                                     | L-1 | Competent WLG Employee                  |
|    |                                                                                                                                                                                                      |                              |                                                                                                 | L-5 | Mop up and dry effected area                                                                                                                                                                                                                                                                                                                                                                       | L-3 | Competent WLG Employee                  |
| 16 | Sign out from premise                                                                                                                                                                                |                              | Emergency & Evacuation procedures                                                               | L-2 | Speak to site contact to communicate completion of work and exiting site.                                                                                                                                                                                                                                                                                                                          | L-1 | Competent WLG Employee and site contact |

## Consequence Table

| Consequence | Health & Safety                        |
|-------------|----------------------------------------|
| LOW         | No medical attention necessary         |
| MINOR       | First aid required                     |
| MODERATE    | Medical attention required in hospital |
| MAJOR       | Short or long term impairment          |
| CRITICAL    | Severe injury or Death                 |

## Likelihood Table

| Likelihood     | Description in context of a task                                                              |
|----------------|-----------------------------------------------------------------------------------------------|
| ALMOST CERTAIN | Consequence expected to occur in most circumstances                                           |
| LIKELY         | Consequence will probably occur in most circumstances                                         |
| POSSIBLE       | Consequence could occur at some time                                                          |
| UNLIKELY       | Consequence may occur at some time                                                            |
| RARE           | Consequence may occur under exceptional circumstances, or a similar event has happened before |

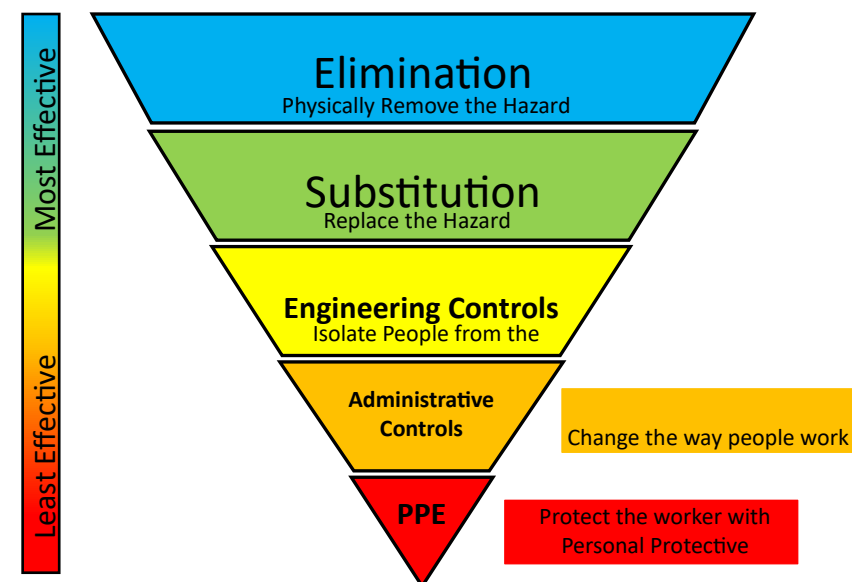
## Risk Assessment Matrix

|                | LOW          | MINOR        | MODERATE     | MAJOR        | CRITICAL     |
|----------------|--------------|--------------|--------------|--------------|--------------|
| ALMOST CERTAIN | High (11)    | High (16)    | Extreme (20) | Extreme (23) | Extreme (25) |
| LIKELY         | Moderate (7) | High (12)    | High (17)    | Extreme (21) | Extreme (24) |
| POSSIBLE       | Low (4)      | Moderate (8) | High (13)    | Extreme (18) | Extreme (22) |
| UNLIKELY       | Low (2)      | Low (5)      | Moderate (9) | High (14)    | Extreme (19) |
| RARE           | Low (1)      | Low (3)      | Moderate (6) | High (10)    | High (15)    |

## Hierarchy of Controls

Apply the highest level of control commensurate with the risk level.

Elimination is always the best option – if not possible apply the measures in the hierarchy of control order



## Specific Task Requirements

|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                |                                                                                                                                       |                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Qualifications Required:</b>                                                                                                                                                                                                                                                                                                                                                     | In house/field training on system and components and employee deemed competent by relevant State Service Manager. Competency monitored and reviewed monthly by relevant State Service Manager. |                                                                                                                                       |                                                                                                                                                |
| <b>Chemicals and hazardous substances:</b><br>(Indicate where required or insert additional)<br>SDS to be provided for all chemicals or hazardous substances in use                                                                                                                                                                                                                 |                                                                                                                                                                                                | Bracton Bench Sanitiser RTU                                                                                                           | Aqua Dosa B2021W Byotrol Surface Sanitising Wipes                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Milton Antibacterial Solution                                                                                                         | Carbon Dioxide (CO2) 1000g Canisters                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                |                                                                                                                                       |                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                |                                                                                                                                       |                                                                                                                                                |
| <b>High Risk Work Activities:</b><br>(indicate where present or insert additional)                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Involves a risk of a person falling more than 2 metres                                                                                | Is carried out on a telecommunication tower                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Involves demolition of an element of a structure that is load-bearing or otherwise related to the physical integrity of the structure | Involves structural alteration or repairs that require temporary support to prevent collapse                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Involves, or is likely to involve, the disturbance of asbestos                                                                        | Is carried out in or near a confined space                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Is carried out in or near a shaft or trench with an excavated depth greater than 1.5 metres or in a tunnel                            | Is carried out in or near water or other liquid that involves a risk of drowning                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Involves the use of explosives                                                                                                        | Is carried out on or near pressurized gas distribution mains or piping                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Is carried out on or near chemical, fuel or refrigerant lines                                                                         | Is carried out on or near energized electrical installations or services                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Is carried out in an area that may have a contaminated or flammable atmosphere                                                        | Is carried out on, in or adjacent to a road, railway, shipping lane or other traffic corridor that is in use by traffic other than pedestrians |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Is carried out in an area in which there are artificial extremes of temperature                                                       | Is carried out in an area at a workplace in which there is any movement of powered mobile plant                                                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Involves tilt-up or precast concrete                                                                                                  | Involves diving work                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                |                                                                                                                                       |                                                                                                                                                |
| <b>Licenses/Approvals/Permits Required:</b><br>(indicate where required or insert additional)<br><br>(Licenses as required by local State Legislation, WorkCover & Office of Fair Trading NSW, WorkSafe Victoria, Office of Electrical Safety & PIC Queensland WorkSafe SA, WorkSafe WA and OHS Induction cards as required by State Legislation or additional client requirements) | All employed technicians at Waterlogic Group carry a current drivers' license. Additional requirements for works in question include:                                                          |                                                                                                                                       |                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Plumbers License                                                                                                                      | Electrical Licence                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Working With Children/Vulnerable People Check                                                                                         | Police Clearance                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Construction Safety Certificate                                                                                                       | Site-specific Access Card                                                                                                                      |

|                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                                                         |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
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|                                                                                                                                                                                              | <table border="1"> <tr> <td data-bbox="656 276 712 331"></td> <td data-bbox="712 276 1350 331">Hot Work Permit</td> <td data-bbox="1350 276 1406 331"></td> <td data-bbox="1406 276 2123 331">Confined Space</td> </tr> <tr> <td data-bbox="656 331 712 387"></td> <td data-bbox="712 331 1350 387">Working at heights/Elevated Work Platform (EWP)</td> <td data-bbox="1350 331 1406 387"></td> <td data-bbox="1406 331 2123 387">Excavation Work</td> </tr> <tr> <td data-bbox="656 387 712 443"></td> <td data-bbox="712 387 1350 443">Traffic Control</td> <td data-bbox="1350 387 1406 443"></td> <td data-bbox="1406 387 2123 443">Underground Service Location (responsibility of client)</td> </tr> <tr> <td data-bbox="656 443 712 491"></td> <td data-bbox="712 443 1350 491"></td> <td data-bbox="1350 443 1406 491"></td> <td data-bbox="1406 443 2123 491"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   | Hot Work Permit                                         |  | Confined Space           |  | Working at heights/Elevated Work Platform (EWP) |  | Excavation Work         |  | Traffic Control   |  | Underground Service Location (responsibility of client) |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
|                                                                                                                                                                                              | Hot Work Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   | Confined Space                                          |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
|                                                                                                                                                                                              | Working at heights/Elevated Work Platform (EWP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   | Excavation Work                                         |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
|                                                                                                                                                                                              | Traffic Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   | Underground Service Location (responsibility of client) |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
|                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                                                         |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
| <b>Environmental Hazards:</b><br>(indicate where present or insert additional)                                                                                                               | <table border="1"> <tr> <td data-bbox="656 523 712 579"></td> <td data-bbox="712 523 1350 579">Air Quality (Dust/Emissions)</td> <td data-bbox="1350 523 1406 579"></td> <td data-bbox="1406 523 2123 579">Concrete or Paint Wastes</td> </tr> <tr> <td data-bbox="656 579 712 635"></td> <td data-bbox="712 579 1350 635">Dewatering/Pump-out</td> <td data-bbox="1350 579 1406 635"></td> <td data-bbox="1406 579 2123 635">Contaminated Soil/Water</td> </tr> <tr> <td data-bbox="656 635 712 691"></td> <td data-bbox="712 635 1350 691">Spills &amp; Response</td> <td data-bbox="1350 635 1406 691"></td> <td data-bbox="1406 635 2123 691">Stormwater, sediment control</td> </tr> <tr> <td data-bbox="656 691 712 746"></td> <td data-bbox="712 691 1350 746">Slurry or other Discharges</td> <td data-bbox="1350 691 1406 746"></td> <td data-bbox="1406 691 2123 746">Waste hazardous Substances</td> </tr> <tr> <td data-bbox="656 746 712 802"></td> <td data-bbox="712 746 1350 802">Waste Disposal</td> <td data-bbox="1350 746 1406 802"></td> <td data-bbox="1406 746 2123 802">Heritage and Archaeology</td> </tr> <tr> <td data-bbox="656 802 712 858"></td> <td data-bbox="712 802 1350 858">Bulk excavation/spoil</td> <td data-bbox="1350 802 1406 858"></td> <td data-bbox="1406 802 2123 858">Noisy Work (Neighbourhood)</td> </tr> <tr> <td data-bbox="656 858 712 914"></td> <td data-bbox="712 858 1350 914">Traffic &amp; Parking</td> <td data-bbox="1350 858 1406 914"></td> <td data-bbox="1406 858 2123 914">Habitats (Protected Flora/Fauna)</td> </tr> <tr> <td data-bbox="656 914 712 970"></td> <td data-bbox="712 914 1350 970">Noise or Vibration</td> <td data-bbox="1350 914 1406 970"></td> <td data-bbox="1406 914 2123 970"></td> </tr> <tr> <td data-bbox="656 970 712 1010"></td> <td data-bbox="712 970 1350 1010"></td> <td data-bbox="1350 970 1406 1010"></td> <td data-bbox="1406 970 2123 1010"></td> </tr> </table> |   | Air Quality (Dust/Emissions)                            |  | Concrete or Paint Wastes |  | Dewatering/Pump-out                             |  | Contaminated Soil/Water |  | Spills & Response |  | Stormwater, sediment control                            |  | Slurry or other Discharges |  | Waste hazardous Substances |  | Waste Disposal |  | Heritage and Archaeology |  | Bulk excavation/spoil |  | Noisy Work (Neighbourhood) |  | Traffic & Parking |  | Habitats (Protected Flora/Fauna) |  | Noise or Vibration |  |  |  |  |  |  |
|                                                                                                                                                                                              | Air Quality (Dust/Emissions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   | Concrete or Paint Wastes                                |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
|                                                                                                                                                                                              | Dewatering/Pump-out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   | Contaminated Soil/Water                                 |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
|                                                                                                                                                                                              | Spills & Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   | Stormwater, sediment control                            |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
|                                                                                                                                                                                              | Slurry or other Discharges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   | Waste hazardous Substances                              |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
|                                                                                                                                                                                              | Waste Disposal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   | Heritage and Archaeology                                |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
|                                                                                                                                                                                              | Bulk excavation/spoil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   | Noisy Work (Neighbourhood)                              |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
|                                                                                                                                                                                              | Traffic & Parking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   | Habitats (Protected Flora/Fauna)                        |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
|                                                                                                                                                                                              | Noise or Vibration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                                         |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
|                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                                                         |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
| <b>Plant/Equipment Required:</b><br>(indicate where required or insert additional)                                                                                                           | Equipment requirements for faults are circumstantial, please list below any equipment requirements specific to job: <table border="1"> <tr> <td data-bbox="656 1074 712 1114">X</td> <td data-bbox="712 1074 1350 1114">Basic Hand Tools</td> <td data-bbox="1350 1074 1406 1114"></td> <td data-bbox="1406 1074 2123 1114">Cordless Drill</td> </tr> <tr> <td data-bbox="656 1114 712 1153"></td> <td data-bbox="712 1114 1350 1153">Ladder</td> <td data-bbox="1350 1114 1406 1153"></td> <td data-bbox="1406 1114 2123 1153">Drill Pump</td> </tr> <tr> <td data-bbox="656 1153 712 1193"></td> <td data-bbox="712 1153 1350 1193">Temperature gauge</td> <td data-bbox="1350 1153 1406 1193"></td> <td data-bbox="1406 1153 2123 1193"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X | Basic Hand Tools                                        |  | Cordless Drill           |  | Ladder                                          |  | Drill Pump              |  | Temperature gauge |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
| X                                                                                                                                                                                            | Basic Hand Tools                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   | Cordless Drill                                          |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
|                                                                                                                                                                                              | Ladder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   | Drill Pump                                              |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
|                                                                                                                                                                                              | Temperature gauge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                                         |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |
| <b>Equipment Safety/Maintenance Checks:</b><br>(if applicable, please state any maintenance or inspection of equipment used as per user policy/procedure and/or manufacturer recommendation) | Visual inspection of basic hand tools prior to commencement of work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                                                         |  |                          |  |                                                 |  |                         |  |                   |  |                                                         |  |                            |  |                            |  |                |  |                          |  |                       |  |                            |  |                   |  |                                  |  |                    |  |  |  |  |  |  |

|                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                         |                          |                   |                          |                    |                          |              |                          |          |                          |                      |                          |                |                          |               |                          |                |                          |  |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|-------------------|--------------------------|--------------------|--------------------------|--------------|--------------------------|----------|--------------------------|----------------------|--------------------------|----------------|--------------------------|---------------|--------------------------|----------------|--------------------------|--|
| <b>Site Induction Required (please indicate):</b>                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                          |                         |                          |                   |                          |                    |                          |              |                          |          |                          |                      |                          |                |                          |               |                          |                |                          |  |
| <b>If yes, site induction completed? Please provide details:</b>            | Online Induction ▶ Website: _____<br><br>Onsite Induction ▶ Led by: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                          |                         |                          |                   |                          |                    |                          |              |                          |          |                          |                      |                          |                |                          |               |                          |                |                          |  |
| <b>Emergency and Incident Procedures:</b>                                   | All site emergency or incident procedures will be adhered to and all reasonable instructions by site supervisors or emergency personnel will be followed.<br>All incidents will be reported to site/safety supervisor and/or relevant WLG State Service Manager following the WLG incident reporting and investigation procedure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                          |                         |                          |                   |                          |                    |                          |              |                          |          |                          |                      |                          |                |                          |               |                          |                |                          |  |
| <b>PPE Requirements:<br/>(indicate where required or insert additional)</b> | All employed technicians at Waterlogic Group wear a uniform with a company logo and covered shoes. Additional PPE requirements specific to this job includes: <table border="1" data-bbox="651 678 2145 869"> <tr> <td><input type="checkbox"/></td> <td>Long sleeves/long pants</td> <td><input type="checkbox"/></td> <td>Protective Gloves</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hearing Protection</td> <td><input type="checkbox"/></td> <td>Safety Boots</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hard hat</td> <td><input type="checkbox"/></td> <td>Disposable Dusk Mask</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Safety Glasses</td> <td><input type="checkbox"/></td> <td>High-Vis Vest</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Eye Protection</td> <td><input type="checkbox"/></td> <td></td> </tr> </table> |                          | <input type="checkbox"/> | Long sleeves/long pants | <input type="checkbox"/> | Protective Gloves | <input type="checkbox"/> | Hearing Protection | <input type="checkbox"/> | Safety Boots | <input type="checkbox"/> | Hard hat | <input type="checkbox"/> | Disposable Dusk Mask | <input type="checkbox"/> | Safety Glasses | <input type="checkbox"/> | High-Vis Vest | <input type="checkbox"/> | Eye Protection | <input type="checkbox"/> |  |
| <input type="checkbox"/>                                                    | Long sleeves/long pants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | Protective Gloves        |                         |                          |                   |                          |                    |                          |              |                          |          |                          |                      |                          |                |                          |               |                          |                |                          |  |
| <input type="checkbox"/>                                                    | Hearing Protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | Safety Boots             |                         |                          |                   |                          |                    |                          |              |                          |          |                          |                      |                          |                |                          |               |                          |                |                          |  |
| <input type="checkbox"/>                                                    | Hard hat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | Disposable Dusk Mask     |                         |                          |                   |                          |                    |                          |              |                          |          |                          |                      |                          |                |                          |               |                          |                |                          |  |
| <input type="checkbox"/>                                                    | Safety Glasses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | High-Vis Vest            |                         |                          |                   |                          |                    |                          |              |                          |          |                          |                      |                          |                |                          |               |                          |                |                          |  |
| <input type="checkbox"/>                                                    | Eye Protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> |                          |                         |                          |                   |                          |                    |                          |              |                          |          |                          |                      |                          |                |                          |               |                          |                |                          |  |
| <b>Additional Comments/Job-specific requirements:</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                         |                          |                   |                          |                    |                          |              |                          |          |                          |                      |                          |                |                          |               |                          |                |                          |  |



Potential Environmental Impacts of Works (tick those applicable or add additional)

| Environmental Impacts                                                                                                                            | Measures to Prevent/Reduce Impact                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| If the unit in question is leaking, this will waste water                                                                                        | Must isolate unit straight away at the water source to reduce loss                                                             |
| For termination jobs, units that contain refrigerant cannot be dumped as refrigerants cause ozone depletion and can contribute to climate change | All units are de-gassed before disposal as per the Refrigerant Reclaim Australia regulations                                   |
| For sparkling units, CO2 is incorporated and if it leaks it may contribute to the greenhouse effect and can cause frost damage to vegetation     | Pressure gauges are fitted as standard practice                                                                                |
| Sanitizer/cleaner used can be damaging to the environment in large quantities                                                                    | Drainage is fine to use for small amounts but if there is a spill, it is to be mopped up rather than washed into the waterways |
|                                                                                                                                                  |                                                                                                                                |

Compliance Contact

Compliance Team Culligan Australia /  
Waterlogic Australia Pty Ltd  
1300 881 414 [compliance@culligan.com.au](mailto:compliance@culligan.com.au)

Relevant codes of practice, legislation or standards

Work Health & Safety Act 2011  
Work Health and Safety Regulation 2025

Read and Signed by all employees on site before work commences

| Employee Name | Employee Position/Title | Employee Signature |
|---------------|-------------------------|--------------------|
|               |                         |                    |
|               |                         |                    |
|               |                         |                    |



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ABN:  
First Issued:  
Reviewed:  
Review Due By:

64 126 087 509  
1/11/2017  
06/03/2026  
06/09/2026



#### SWMS/JSEA Developed and Reviewed By

| Employee Name  | Employee Position/Title      | Employee Signature                                                                  | Last Reviewed |
|----------------|------------------------------|-------------------------------------------------------------------------------------|---------------|
| Peter Vrzovski | National Service Manager     |  | 06/03/2026    |
| Vanessa Lean   | National Support Coordinator |  | 06/03/2026    |

#### Manager Responsible for Safe Work Activity and Consulted for Development of Policy

| Employee Name      | Employee Position/Title | Area      | Contact Number |
|--------------------|-------------------------|-----------|----------------|
| Domenic Piscitelli | Service Manager         | VIC/TAS   | 0428 384 562   |
| Scott Prentice     | Service Manager         | QLD/NT/SA | 0412 741 679   |
| Jordan Barrett     | Service Manager         | NSW/ACT   | 0490 285 784   |
| Troy Del Borello   | Service Manager         | WA        | 0429 417 220   |



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