



HEALTH AND SAFETY AUTHORITY

SAFE SYSTEM OF WORK PLAN (SSWP)

SAFETY AND HEALTH ON MY FARM

Plan No.

PART 1

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

NOTE: Complete a SSWP before doing dangerous work/routine check.

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



PART 2

SELECT HAZARD	SELECT CONTROL	All controls identified below must be in place before work starts				
		Tick the <input checked="" type="checkbox"/> box to identify controls required; Tick the <input checked="" type="radio"/> circle when control is in place.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRACTORS/VEHICLES	CAB	LIGHTS/MIRRORS	BRAKES	HANDBRAKE	CONTROLS	CONSIDER SLOPES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MACHINERY	HITCH PIN	NO PASSENGERS	SUPPORTS	SAFE PARKING	ATV SAFETY	HANDBOOKS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIVESTOCK	PTO GUARD	'O' GUARD	'U' GUARD	PTO - STOP	SECURE LOADS	NO PASSENGERS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FARMYARD BUILDINGS	CRUSH FACILITIES	CALVING GATE	BULL PEN	SAFE LOADING	BULL RING & CHAIN	BULL/VEHICLE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SLURRY FENCED	SAFE ROOF WORK	NO SWINGING DOORS	HANDRAILS	SAFETY BARRIER	OUTSIDE AGITATION

HAZARD	CONTROL	Tick the <input checked="" type="checkbox"/> box to identify controls required; Tick the <input checked="" type="checkbox"/> circle when control is in place.					
 REPAIRS	 HOUSEKEEPING	 GUARDS	 SAFE SUPPORTS	 SAFE EQUIPMENT	 CHAIN SAW SAFETY	 TREE FELLING	
 ELECTRICITY	 CHECK SWITCH BOARD	 INSPECT CABLES	 PROTECT CABLES	 SAFE LIGHTING	 POWER LINES	 DIVERT/OFF	
 CHEMICALS	 SECURE STORAGE	 PROPER LABELS	 SAFETY GLOVES	 AUTO CHEMICAL FEED	 RESPIRATORY EQUIPMENT	 WASHING AFTER USE	
 CHILDREN	 SECURE PLAY AREA	 SUPERVISION	 NO CLIMBING	 WATER SAFETY	 INSTRUCTION	 TRACTOR SEAT BELT	
 HEALTH	 REDUCE LIFTING	 ASSESS LOAD	 SAFE LIFTING	 SLIP/TRIPS	 WET DOWN DUST	 COVER CUTS	
	 CONTROL VERMIN	 WC & WASHING	 REDUCE NOISE	 SUN PROTECTION	 HEALTH CHECK	 CONFIDE	
PPE	 SAFETY BOOTS	 EYE PROTECTION	 SAFETY GLOVES	 EAR PROTECTION	 FACE PROTECTION	 DUST MASK	 SAFETY OVERALLS

SSWP prepared by: _____ Date: _____

The controls to be used as per this form have been brought to my attention.

Signed by Team: _____

 FIRE	 EMERGENCY ROUTE/PLAN	 WATER Cloth, paper, wood only
 DRY POWDER Most fires + electric	 CARBON DIOXIDE Flammable liquids + electric	 FOAM Oil, fuel fires only

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

IF IT'S NOT SAFE DON'T DO IT