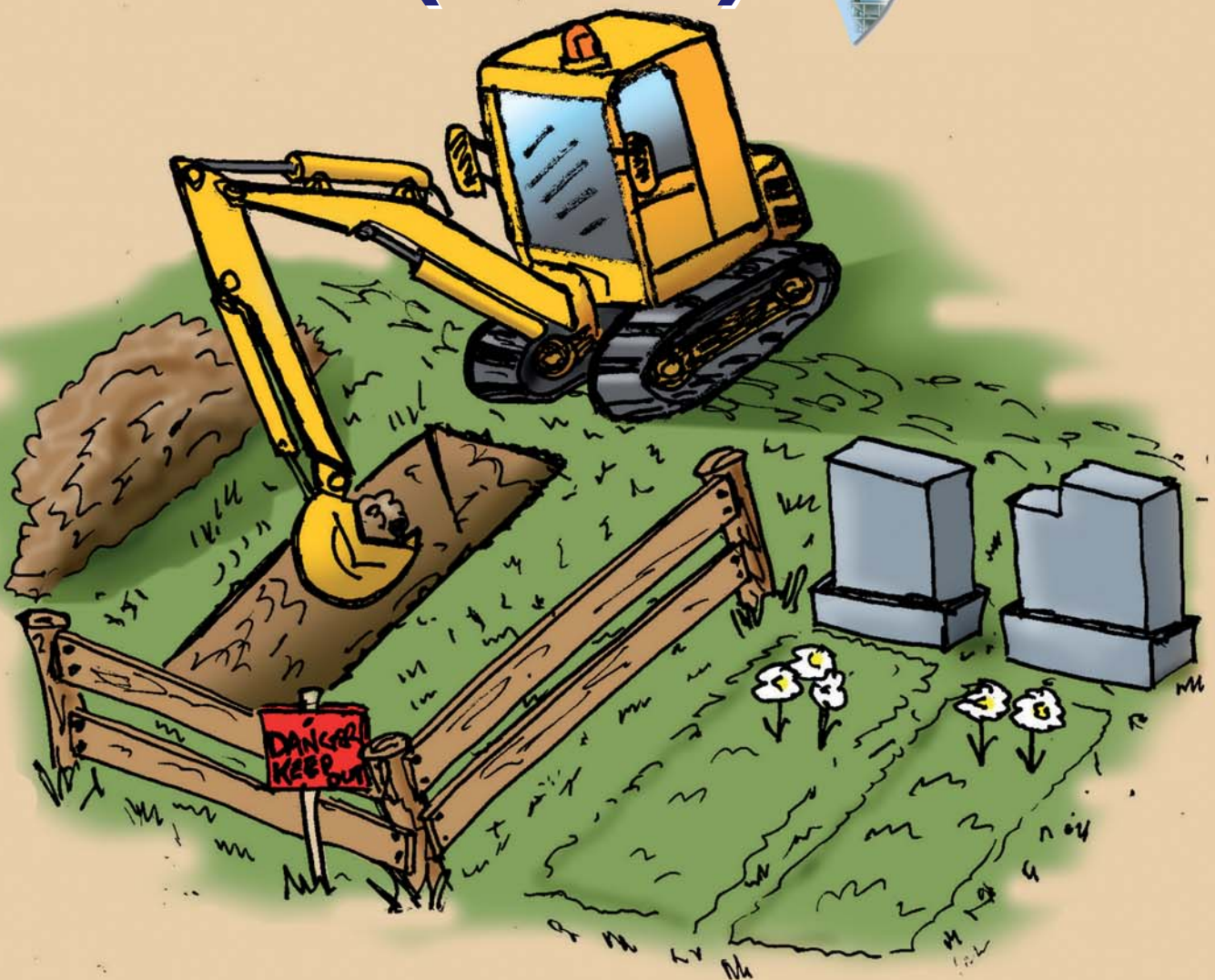




HEALTH AND SAFETY
AUTHORITY

SAFE SYSTEM OF WORK PLAN (SSWP)



WORKING IN GRAVEYARDS AND CEMETERIES



Safe System of Work Plan (SSWP) Guidelines

The Safe System of Work Plan (SSWP) complements the Safety Statement required under the Safety, Health and Welfare at Work Act, although it does not replace the requirement for such a Safety Statement except where employers employing 3 or less employees are in full compliance with the relevant Code of Practice.

This guidance outlines the approach to completing the SSWP, it is relevant to contractors, self-employed persons and employees, as the correct use of SSWP will assist users to both complete construction activity in a safe manner and to meet many of their legal health and safety obligations.

The Safe System of Work Plan (SSWP)

The primary objective of the SSWP is to identify the major hazards associated with your work activities and to ensure that appropriate controls are in place before work commences.

Other SSWP objectives, include:

- Links the implementation of the Safety Statement directly to the work activity except where employers employing 3 or less employees are in full compliance with the relevant Code of Practice.
- Focusing on safety for a particular task. The SSWP is completed at the start of each activity, and can be reviewed at any time during the work.
- Increasing awareness. Prioritizes activity based on risk and encourages the user to consider a range of measures to reduce each risk to as low as reasonably practicable.
- Communicating through the use of pictograms so that the meaning can be understood by persons who possess little or no English.
- Being user friendly: just tick the hazards and controls.

The Safe System of Work Plan (SSWP) should be used as a final check to ensure that the identified controls for a specific construction work activity are available and in place. However safety starts long before any specific construction activity takes place. Hazard identification, risk assessment, the elimination and control of identified hazards must take place through all stages of construction from the planning stage, through the design process, the tendering process and on to the construction stage so that each specific construction activity will have had safety built in.

The SSWP: A 3-part process:

PART 1

To be completed by the person planning the activity. Generally, this is carried out by the responsible person/supervisor/foreman and/or engineer prior to work starting:

- Identify who the employer/self-employed person is, e.g. *AZ Contracting Ltd*
- Name of the Responsible Person/Supervisor for the activity, e.g. *A N Other*
- Identify the number of workers in the team, e.g. *3*
- Identify the specific location of the activity, e.g. *plot 23b*
- Describe the specific activity, e.g. *Use mini excavator to dig out new grave*
- When the work is to start, the date, e.g. *Tuesday, 1st June*
- What skills are required, e.g. *excavator driver*
- Plant and Equipment required, e.g. *Kobelco 27SR, wheelbarrow, crowbar, shovel and pick*
- Hazardous Materials, if used, e.g. *Weed killer*
- Contact Names & Tel No. in the event of an emergency, e.g. *Site Supervisor*
- First Aider's name, and the location of the nearest First Aid Box
- Are Permits to Work required? Tick type
- List requirements that are identified in the Construction Regulations and other Legislation as mandatory. Where these requirements are in place a tick mark should be placed in the round box.

Note: For sites where more than 20 persons are normally employed at any one time, a site safety representative should be appointed.

PART 2

This part deals with hazard identification, risk assessment and control measures. Normally the hazards, risk assessment and controls will be identified by the engineer, supervisor, or foreman prior to work starting.



Firstly identify the **Hazards or Work Activity** of concern by ticking the square boxes in the "Select Hazard or Activity" column.



OR



OR



Then "Tick Risk" column is the Risk Assessment i.e. your estimate of the level of the risk associate with the hazard and work activity given the precautions that are already in place. This assessment is based on your consideration of; 1) "how likely is it that someone could be harmed and how?" and 2) "what would the severity of the injury or ill-health be?" Identify the estimate of the risk by ticking only one of the 3 boxes provided, L for low (the likelihood of an accident occurring is low and the severity is also low), M for medium (the level of likelihood and severity increases) and H for high (high likelihood that an accident could occur with serious injury potential, ill health or death). The assessment will help you prioritise the high risk hazards and activities first.

Next the appropriate control measures to eliminate the hazard or reduce the risk to as low as reasonably practicable should be identified and selected by ticking the square boxes in the "Select Control" column.



Prior to the described work activity starting, confirm that all the arrangements for implementing the selected controls are in place; this must be done in conjunction with the workers at the specific work location. When the control measures are in place tick the round box.



Similarly, the Personal Protective Equipment (PPE), should be selected by ticking the square boxes in the PPE section, and when acquired by ticking the round box.

Part 2 of the form may also contain several blank hazard triangles, each labelled with the word "identify", and several blank control boxes, each labelled with the word "other". As the list of hazards depicted in the form is not exhaustive, where other hazards are identified, these can be written into the blank hazard triangles.

Similarly, as the list of controls depicted in the form is not exhaustive, where other controls are identified, these can be written into the blank control boxes.

PART 3

This part deals with the signing off of the SSWP. The purpose is to ensure that the form has been fully completed and that relevant persons involved in the work activity have been made aware of the risks and the controls required to eliminate such risks. Initially the person who identifies the hazards, controls and activities based on their knowledge of the work involved and any information made available to them signs off. The next signature is of the competent person identified by site management to ensure that the identified control measures are implemented before the particular work activity takes place. Finally, as the persons involved in carrying out the work activity and to whom the SSWP applies are made aware of the controls for their own safety, each person involved identifies on the form that they have been made aware of these controls. Persons who call to the site and who may also be exposed to any risks arising must be made aware of the controls in place and should also sign the SSWP.

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

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

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

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

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

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We gratefully acknowledge the help and participation of the LASAG group in the production of this form. 4

SAFE SYSTEM OF WORK PLAN (SSWP)

WORKING IN GRAVEYARDS AND CEMETERIES

Plan No.

PART 1



















































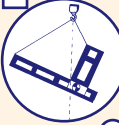



Job Details	Resources Required	Emergency Details
Employer Name: _____ Supervisor/Lead Person: _____ Number of Workers: _____ Specific Location: _____ Description of Works: _____ _____ _____ Start Date: _____	Worker Skills: _____ _____ _____ Plant/Equipment: _____ _____ _____ Hazardous Materials: _____	Contact Names & Tel No. 1. _____ 2. _____ 3. _____ First Aider: _____ _____ Location of First Aid Box: _____ _____ WORK PERMITS REQUIRED Hot <input type="checkbox"/> Electricity <input type="checkbox"/> Excavation <input type="checkbox"/> Confined Space <input type="checkbox"/> Other <input type="checkbox"/> Method Statement Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTE: A new SSWP must be completed when the task or the environment changes.

Before Works Starts the following MUST be in place Tick the circle when confirmed

 Supervision <input type="checkbox"/>	 FAS safe pass <input type="checkbox"/>	 Plant/Eq. Cert. <input type="checkbox"/>	 CSCS <input type="checkbox"/>	 Communication/Induction <input type="checkbox"/>	 WC & Washing <input type="checkbox"/>	 Canteen <input type="checkbox"/>	 Drying/Changing <input type="checkbox"/>	 Drinking Water <input type="checkbox"/>	 First Aid <input type="checkbox"/>	 PPE <input type="checkbox"/>
---	--	--	---	--	---	---	--	---	--	--

SELECT HAZARD OR ACTIVITY TICK RISK **SELECT CONTROL** Arrangements for implementing all the selected controls below must be in place before the work described starts to identify controls required; when control is in place.

 Substances	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Biological Agents	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Hand Held Equipment	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M											<input type="checkbox"/>
	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Working Close to the Public	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Plant and Equipment	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M											<input type="checkbox"/>
	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Lifting Operations	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2

HAZARD OR ACTIVITY	RISK	CONTROL <input checked="" type="checkbox"/> to identify controls required; <input checked="" type="checkbox"/> circle when control is in place.									
			H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	<input type="checkbox"/> Examination & Inspection		<input type="checkbox"/> Litter Picker	<input type="checkbox"/> Grass Cutting	<input type="checkbox"/> Strimming	<input type="checkbox"/> Hedge Cutting/Guarding; Signage	<input type="checkbox"/> Chain Saw/Training; PPE; Maintenance	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	L	<input type="checkbox"/> Examination & Inspection	<input type="checkbox"/> Shoring	<input type="checkbox"/> Trench Box	<input type="checkbox"/> Ladder/Access/Egress	<input type="checkbox"/> Cover/Deck	<input type="checkbox"/> No Undermining	<input type="checkbox"/> Prop Supports	<input type="checkbox"/> Restraints	<input type="checkbox"/> Barriers	<input type="checkbox"/> Ground Conditions
	<input type="checkbox"/> Ground Frame - Secured	<input type="checkbox"/> Spoil Back	<input type="checkbox"/> Chock	<input type="checkbox"/> Lighting	<input type="checkbox"/> Exclusion Zone	<input type="checkbox"/> Pumping	<input type="checkbox"/> Accompanied	<input type="checkbox"/> Warning Signs	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	L	<input type="checkbox"/> Health Surveillance	<input type="checkbox"/> Vaccination Programme	<input type="checkbox"/> Silica	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	L	<input type="checkbox"/> Risk Assess	<input type="checkbox"/> Mechanical Aids	<input type="checkbox"/> Work Organisation	<input type="checkbox"/> Safe Footing/Rough Ground	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Training	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	L	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	L	<input type="checkbox"/> Safety Helmet	<input type="checkbox"/> Safety Boots	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Safety Gloves	<input type="checkbox"/> Ear Protection	<input type="checkbox"/> Hi Visibility Vest	<input type="checkbox"/> Knee Pads	<input type="checkbox"/> Respiratory Equipment	<input type="checkbox"/> Face Protection	<input type="checkbox"/> Safety Harness

Hazards, activities and controls on this SSWP identified by: _____

Date: _____ Time: _____

Competent person identified to ensure implementation of the required controls at the appropriate time is: _____

I have been made aware of the hazards & controls for this activity. Signed by Team: _____

NOTE: This list of Hazards and Controls is not exhaustive and is in no particular order.

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

FOR THE RECORD (OPTIONAL)

	PLAN NO.	START DATE	LOCATION	PREPARED BY
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Safe System of Work Plan (SSWP) Working in Graveyards and Cemeteries

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

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

International callers
00353 1 6147000
Fax. (01) 6147020

www.hsa.ie



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ISBN 978-1-84496-141-2

HSA 0359