# Albert Munsell Painting - Working at Heights SWMS

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## Scope

Applies to painting and associated works performed at heights using ladders, scaffolds, roofs, trestles and elevating work platforms (EWPs).

## High Risk Activities

- Working where a person could fall more than 2 metres
- Use of ladders and trestles
- Mobile and fixed scaffolding
- Roof access and edge work
- Boom-type EWPs
- Work near fragile surfaces or skylights
- Working near overhead electrical services

## Required PPE

- Safety boots
- Hard hat (as required)
- High visibility clothing
- Safety glasses
- Gloves
- Fall-arrest harness and lanyard where required
- Hearing protection as required

## Work Method, Hazards and Controls

| Job Step | Hazard | Control Measures |
|---|---|---|
| Site assessment | Falls, unstable surfaces | Complete risk assessment and inspect access areas before work starts. |
| Set up ladders | Falls | Inspect ladder, place on firm level ground, maintain 3 points of contact and do not overreach. |
| Scaffold use | Falls, collapse | Ensure scaffold is inspected, tagged and fully decked with guardrails and safe access. |
| EWP operation | Falls, collision | Conduct pre-start inspection, trained operator only, use harness where required. |
| Roof work | Falls through edge or fragile surface | Use edge protection, EWP or fall-arrest system and identify fragile areas. |
| Painting at height | Dropped objects, falls | Establish exclusion zones and secure tools and materials. |

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|---|---|---|
| Work near powerlines | Electrocution | Maintain required exclusion distances and stop work if unsafe. |
| Pack up | Trips and manual handling | Remove equipment safely and inspect area before leaving. |

## Emergency Procedures

Stop work immediately following any fall, near miss or structural failure. Contact emergency services (000), provide first aid and preserve the incident area where required.

## Worker Acknowledgement

Workers confirm they have read and understood this SWMS and agree to comply with all control measures.

Worker Name: _____ Signature: _____ Date: _____

Supervisor: _____ Signature: _____ Date: _____