



HEALTH AND SAFETY  
AUTHORITY

# SAFE SYSTEM OF WORK PLAN (SSWP)



**GROUND WORKS FORM**

# Safe System of Work Plan (SSWP) Guidelines

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

This guidance, which is particularly relevant to contractors, self-employed persons and employees, deals with the completion of SSWP for Construction related activities.

The SSWP will help users to complete construction work activity in a safe manner.

Completing and using the SSWP will also help you to meet some of the legal obligations placed on you by health and safety legislation. **The Safety, Health and Welfare at Work Act 2005, the Safety, Health and Welfare at Work (Construction) Regulations, 2006 and all other relevant codes of practice and regulations are available at [www.hsa.ie](http://www.hsa.ie)**

## The Safe System of Work Plan (SSWP)

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

The SSWP achieves many other objectives, including:

- Links the implementation of the Safety Statement directly to the work activity except where employers employing 3 or less employees are in full compliance with the relevant Code of Practice.
- Focusing on safety for a particular task. The SSWP is completed at the start of each activity, and can be reviewed at any time during the work.
- Increasing awareness. It encourages the users to consider a range of options to deal with the risks. The users will become familiar with the various controls available.
- Communicating through the use of pictograms so that the meaning can be understood by persons who possess little or no English. The SSWP pictogram booklets are available in a variety of other languages.
- Being user friendly: just tick the hazards and controls.

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

## The SSWP: A 3-part process:

- Part 1: Planning the activity
- Part 2: Hazard Identification, and Control Identifier
- Part 3: Sign off

### PART 1

This part will be completed by the person planning the activity. Normally this will be carried out by the responsible person/supervisor and/or self-employed person prior to work starting. Where a site safety officer is employed they should be involved in the process.

- Identify who the employer/self-employed person is, e.g. **Acme Pipe Laying Ltd**
- Name of the Responsible Person/Supervisor for the activity, e.g. **A. McSample**
- Identify the number of workers in the team, e.g. **3**

- Identify the specific location of the activity, e.g. **gridline x to gridline y**
- Describe the specific activity, e.g. **pipelaying**
- When the work is to start, the date, e.g. **Tuesday, 1st June**
- What skills are required, e.g. **360 excavator driver, banksman, pipelayer, flag man**
- Plant and Equipment required, e.g. **Fiat Hitachi EX200, Sling, Shackle**
- Hazardous Materials, if used, e.g. **Acme Bondex X, R45**
- Contact Names & Tel No. in the event of an emergency, e.g. **Site Foreman, Safety Officer**
- Name of the First Aider, and the location of the nearest First Aid Box
- Are Permits to Work required? Tick type
- The final section of this part: list requirements that are identified in the Construction Regulations and other Legislation as mandatory. Where these requirements are in place a tick mark should be placed in the round box.

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

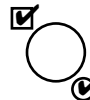
### PART 2

This part of the SSWP form deals with hazard identification, risk assessment and risk control. Normally this will be carried out by the supervisor/foreman and/or self-employed person prior to work starting. Where a site safety officer is employed they should be involved in the process.



The **Hazards or Work Activity** of concern should first be identified by **ticking the square boxes in the "Select Hazard or Activity" column.**

The appropriate **Controls** to eliminate the hazard or reduce the risk should be identified by **ticking the square boxes in the "Select Control" column.**



When controls are in place **tick the round box.** This must be done in conjunction with the workers at the specific work location prior to the work taking place.



Similarly, the Personal Protective Equipment (PPE) and where necessary Fire Equipment required, should be selected by **ticking the square boxes in the PPE/Fire sections, 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 of signing off is to identify the person who has prepared the SSWP, and also to confirm that the completed SSWP has been brought to the attention of all those to whom the SSWP applies.

**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 IS NOT SAFE DO NOT DO IT UNTIL IT IS SAFE AND INFORM SITE MANAGEMENT"**

# SAFE SYSTEM OF WORK PLAN (SSWP)


## CONSTRUCTION FORM I (GROUND WORKS)

Plan No.

PART 1







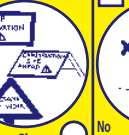
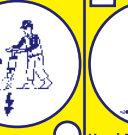
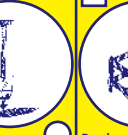




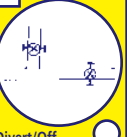


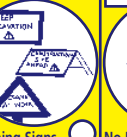


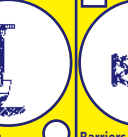





































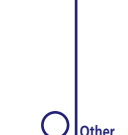
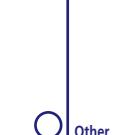

| Job Details   | Resources Required         | Emergency Details  |
|---|----------------------------|--|
| Employer Name: _____  | Worker Skills: _____       | Contact Names & Tel No.  |
| Supervisor/Lead Person: _____   | _____                      | 1. _____   |
| Number of Workers: _____  | _____                      | 2. _____   |
| Specific Location: _____  | Plant/Equipment: _____     | 3. _____   |
| Description of Works: _____   | _____                      | First Aider: _____   |
| _____   | _____                      | _____  |
| Start Date: _____   | Hazardous Materials: _____ | Location of First Aid Box: _____   |
| <b>NOTE: A new SSWP must be completed when the task or the environment changes.</b> |                            | <b>WORK PERMITS REQUIRED</b><br>Hot <input type="checkbox"/> Electricity <input type="checkbox"/> Excavation <input type="checkbox"/><br>Confined Space <input type="checkbox"/> Other <input type="checkbox"/><br>Method Statement Yes <input type="checkbox"/> No <input type="checkbox"/> |




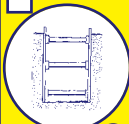












































































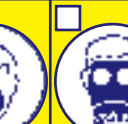
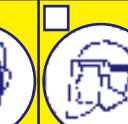









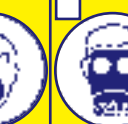
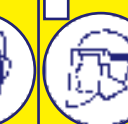


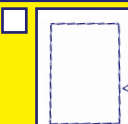



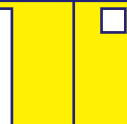

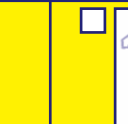




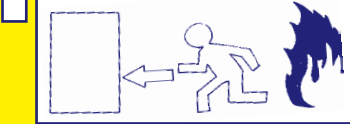


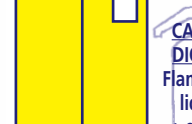






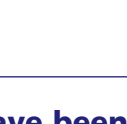

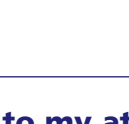
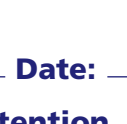


**Before Works Starts the following MUST be in place** Tick the  circle when confirmed

|   |  |   |   |  |  |  |  |  |   |  |
|---|--|---|---|--|--|--|--|--|---|--|
|  Supervision <input type="checkbox"/> |  FAS <input type="checkbox"/> |  Plant/Equip. Cert. <input type="checkbox"/> |  CSCS <input type="checkbox"/> |  Induction <input type="checkbox"/> |  Communication <input type="checkbox"/> |  WC & Washing <input type="checkbox"/> |  Canteen <input type="checkbox"/> |  Drying/Changing <input type="checkbox"/> |  Drinking Water <input type="checkbox"/> |  Smoking Control <input type="checkbox"/> |
|---|--|---|---|--|--|--|--|--|---|--|

PART 2

**All controls identified below must be in place before work starts** Tick the  box to identify controls required; Tick the  circle when control is in place.

| SELECT HAZARD OR ACTIVITY  | SELECT CONTROL           |   |   |   |  |  |  |   |  |  |   |
|--|--------------------------|---|---|---|--|--|--|---|--|--|---|
|  Electricity                  | <input type="checkbox"/> |  ESB <input type="checkbox"/>                         |  Divert/Off <input type="checkbox"/>          |  Survey Map <input type="checkbox"/>            |  Detector & Mark <input type="checkbox"/>          |  Over Head Lines <input type="checkbox"/>  |  Warning Signs <input type="checkbox"/>   |  No Mechanical Digging <input type="checkbox"/>     |  Hand Dig <input type="checkbox"/>       |  Barriers <input type="checkbox"/>             |  Tipping <input type="checkbox"/>   |
|  Gas                         | <input type="checkbox"/> |  Gas Company <input type="checkbox"/>                |  Divert/Off <input type="checkbox"/>         |  Survey <input type="checkbox"/>               |  Detector <input type="checkbox"/>                |  Warning Signs <input type="checkbox"/>   |  No Flames <input type="checkbox"/>      |  No Mechanical Digging <input type="checkbox"/>    |  Hand Dig <input type="checkbox"/>      |  Barriers <input type="checkbox"/>            |  Storage <input type="checkbox"/>  |
|  Plant & Equipment           | <input type="checkbox"/> |  Selection/Suitability <input type="checkbox"/>      |  Check Lifting Gear <input type="checkbox"/> |  Roll Over Protection <input type="checkbox"/> |  Reverse Warning Devices <input type="checkbox"/> |  Seat Belts <input type="checkbox"/>      |  Exclusion Zone <input type="checkbox"/> |  Pedestrian Route <input type="checkbox"/>         |  Fencing <input type="checkbox"/>       |  Proximity to Public <input type="checkbox"/> |  SWL <input type="checkbox"/>      |
|  Hand Tools                  | <input type="checkbox"/> |  Locking Attachments <input type="checkbox"/>        |  Flagman <input type="checkbox"/>            |  Banksman <input type="checkbox"/>             |  Speed Signs <input type="checkbox"/>             |  Traffic Control <input type="checkbox"/> |  No Passengers <input type="checkbox"/>  |  PTO Guard & Access Steps <input type="checkbox"/> |  180 Excavator <input type="checkbox"/> |  Safe Driving <input type="checkbox"/>        | <input type="checkbox"/> Other <input type="checkbox"/>   |
|  Working close to water      | <input type="checkbox"/> |  Personal Floatation Device <input type="checkbox"/> |  Life Ring <input type="checkbox"/>          |  Boat <input type="checkbox"/>                 |  Edge Protection <input type="checkbox"/>         |  Safety Line <input type="checkbox"/>     |  Fall Arrest <input type="checkbox"/>    |  Grablines <input type="checkbox"/>                | <input type="checkbox"/> Other <input type="checkbox"/>  | <input type="checkbox"/> Other <input type="checkbox"/>  | <input type="checkbox"/> Other <input type="checkbox"/>   |
|  Working close to the public | <input type="checkbox"/> |  Fencing <input type="checkbox"/>                    |  Hoarding <input type="checkbox"/>           |  Barriers <input type="checkbox"/>             |  Pedestrian Way <input type="checkbox"/>          |  Warning Signs <input type="checkbox"/>   |  Housekeeping <input type="checkbox"/>   |  Traffic Control <input type="checkbox"/>          |  Security <input type="checkbox"/>      |  Flagman/Stop-Go Man <input type="checkbox"/> |  Banksman <input type="checkbox"/> |

| HAZARD OR ACTIVITY  | CONTROL Tick the <input checked="" type="checkbox"/> box to identify controls required; Tick the <input type="checkbox"/> circle when control is in place. |  |  |  |  |   |  |  |  |  |
|---|--|--|--|--|--|---|--|--|--|--|
| <input type="checkbox"/> <br>Excavation     | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    |
|   | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    |
| <input type="checkbox"/> <br>Dust           | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    |
|   | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    |
| <input type="checkbox"/> <br>Confined Space | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    |
|   | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    |
| <input type="checkbox"/> <br>Health       | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
|   | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <input type="checkbox"/> <br>PPE          | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
|   | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <input type="checkbox"/> <br>Fire         | <input type="checkbox"/>    |  |  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |
|   | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |

SSWP prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

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

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 |
|----|----------|------------|----------|-------------|
| 1  |          |            |          |             |
| 2  |          |            |          |             |
| 3  |          |            |          |             |
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| 52 |          |            |          |             |

# Safe System of Work Plan (SSWP) Ground Works

*Working to  
create a  
National Culture  
of  
Excellence  
in Workplace Safety,  
Health and Welfare  
for Ireland*

**HEALTH AND SAFETY  
AUTHORITY**

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