

# Attachment 3 Treatment

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## 1. Overview

### 1.1. Objective

The objective of this attachment is to set the minimum controls for planning and implementing flow isolation / flow management (FIFM) to ensure the safety of people exposed to the risk of engulfment by flow from treatment plant assets.

### 1.2. Scope

This attachment applies to the following people who manage or work with treatment plant assets where flow could engulf a person working in, on or near the asset:

- Persons requesting FIFM (Sydney Water employee or contractor).
- Production officer: the FIFM plan coordinator for Treatment.
- Treatment Plant Manager: the responsible manager for Treatment.
- Treatment Area Manager: the responsible manager when single isolation and/ or flow management is used.
- Responsible person for FIFM: the person who will implement the FIFM schedule.
- Service providers who require FIFM to work on the asset without being engulfed.

### 1.3. Summary

The person requesting FIFM must decide if a FIFM plan is required by determining if entry into a treatment asset is required.

If a plan is required, the person requesting FIFM must submit a Request for FIFM to the Treatment Plant Manager.

The Treatment Plant Manager must review the Request for FIFM and nominate a production officer to be a FIFM plan coordinator, and then hand over to them.

The FIFM plan coordinator must not let FIFM be implemented until:

- they:
  - have allocated roles and responsibilities for the FIFM
  - have facilitated FIFM HIDRA
  - are satisfied that key participants have reviewed and acknowledge the HIDRA
  - have prepared a FIFM plan, including a trial FIFM schedule (if required)
- the responsible manager has approved the FIFM plan (with a trial if required)
- the responsible person for FIFM has accepted the FIFM plan.

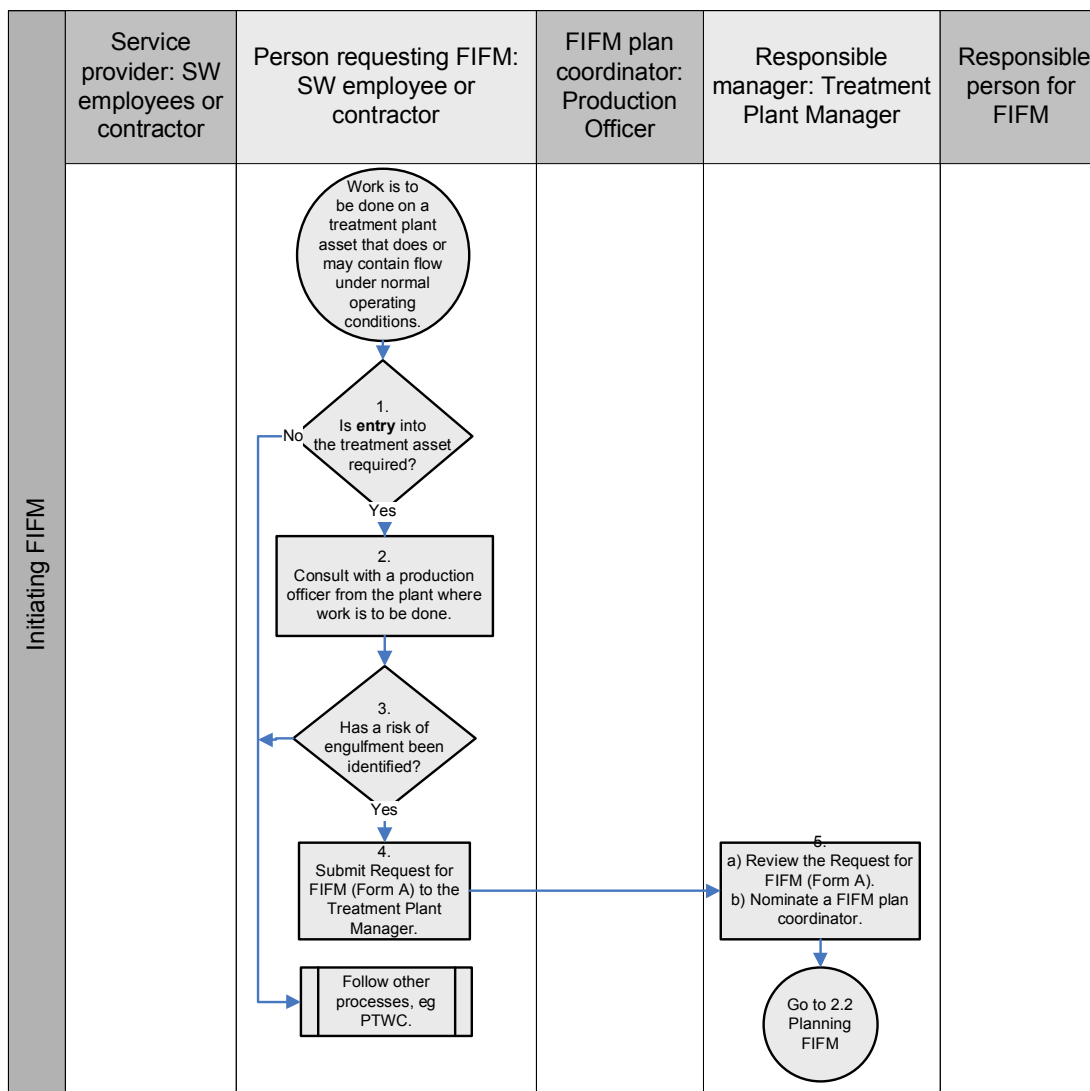
The FIFM plan coordinator must not let work commence on the asset until confirming that:

- persons have accepted their responsibilities
- FIFM communication has been done
- the responsible person for FIFM has completed and proven the FIFM schedule.
- controls are signed off, still applicable and that there are no new hazards.

The FIFM plan coordinator must not allow a responsible person for FIFM to recommission an asset until the service provider signs off that they have safely completed the work.

## 2. Procedure

### 2.1. Initiating FIFM

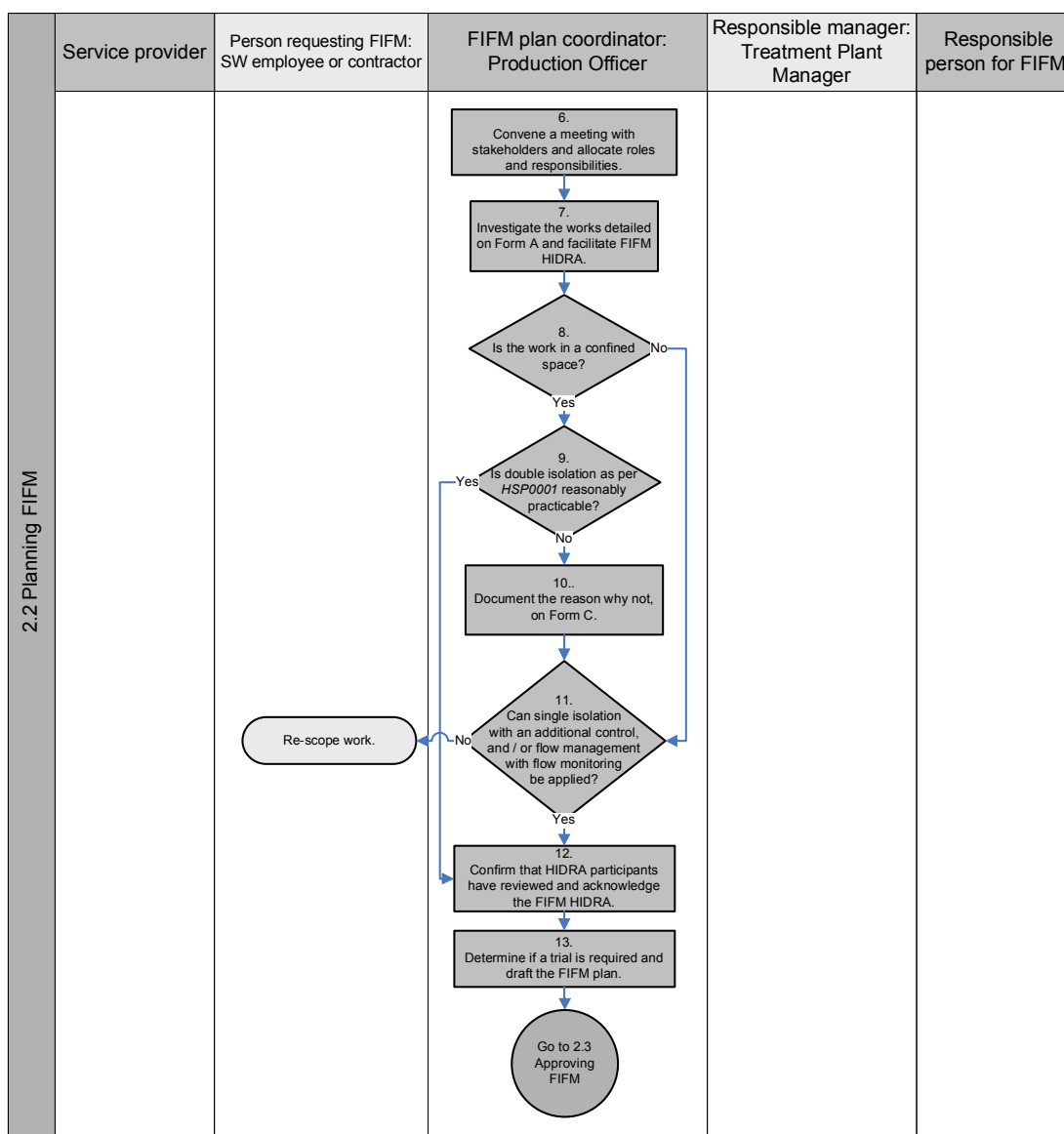


| Box  | Description  | Who  | Explanation   | Forms |
|--|--|--|---|-------|
| <b>Work is to be done on a treatment plant asset that does or may contain flow under normal operating conditions</b> |  |  |   |       |
| 1  | Is entry into the treatment asset required?                                | Person requesting the FIFM: SW employee or contractor. | <p>This is to determine if a FIFM plan is required when work is to be done on a treatment plant asset that does or may contain flow.</p> <p>If yes, go to box 3.</p> <p>If no, there is no requirement for a FIFM plan. You must use the PTWC process.</p> <p>This initial assessment will be reviewed during 2.2 Planning.</p> | Nil   |
| 2  | Consult with a production officer from the plant where work is to be done. | Person requesting the FIFM: SW employee or contractor. | <p>The production officer can explain the treatment process that the asset is part of to help identify if there is a risk of engulfment when entry is required.</p>   |       |

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| Box | Description  | Who  | Explanation   | Forms |
|-----|--|--|---|-------|
| 3   | Has a risk of engulfment been identified?                                  | Person requesting the FIFM: SW employee or contractor. | If a risk of engulfment has been identified, eg by site inspection, system knowledge etc, go to box 4.<br><br>If no, there is no requirement for a FIFM plan. You must use the PTWC process.  |       |
| 4   | Submit Request for FIFM (Form A) to the Treatment Plant Manager.           | Person requesting the FIFM: SW employee or contractor. | This is a formal request to have the works commenced.<br><br>Make sure Form A includes hazards that could cause a risk of engulfment due to uncontrolled flow.<br><br>Submit the request to the relevant Treatment Plant Manager.   | A     |
| 5   | Review the Request for FIFM (Form A) and nominate a FIFM plan coordinator. | Responsible manager: Treatment Plant Manager.          | <ul style="list-style-type: none"> <li>a) The Treatment Plant Manager reviews the works on Form A and notes any special requirements, such as: environmental, customer, political and interaction with other Sydney Water activities.</li> <li>b) A Production Officer will be nominated to do the role of a FIFM plan coordinator for the proposed work.</li> <li>c) Once these are done, go to 2.2 Planning and handover to the FIFM plan coordinator.</li> </ul> |       |

## 2.2. Planning FIFM



| Box | Description  | Who  | Explanation  | Forms |
|-----|--|--|--|-------|
| 6   | Convene a meeting with stakeholders and allocate roles and responsibilities. | FIFM plan coordinator: Production Officer. | <p>Convene a meeting to:</p> <ul style="list-style-type: none"> <li>review the scope of work</li> <li>investigate initial hazards and risks</li> <li>identify potential: operational, environmental, customer and political impacts.</li> </ul> <p>Where relevant, information on the PTWC and Form A should be considered.</p> <p>Allocate roles and responsibilities for the:</p> <ul style="list-style-type: none"> <li>FIFM plan coordinator</li> <li>responsible manager (either Plant Manager or Area Manager – to be determined by the outcome of the FIFM HIDRA - Form C.</li> <li>responsible person for FIFM</li> <li>service provider.</li> </ul> | B     |

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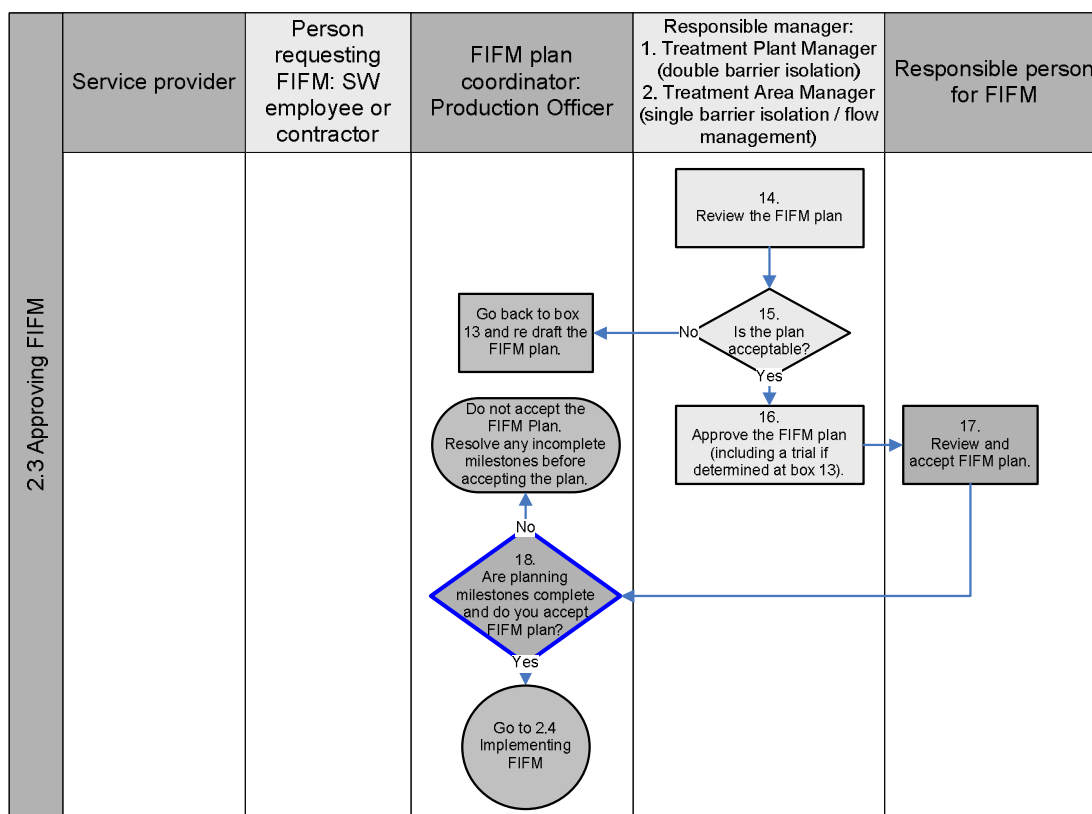
| Box | Description  | Who  | Explanation  | Forms |
|-----|--|--|--|-------|
|     |  |  | People nominated for these roles must accept their responsibilities by signing Form B.   |       |
| 7   | Investigate the works detailed on Form A and facilitate the FIFM HIDRA (Form C).                           | FIFM plan coordinator: Production Officer. | Consult the people nominated in box 6, and facilitate a FIFM HIDRA. The HIDRA must: <ul style="list-style-type: none"> <li>follow the instructions given in boxes, 8, 9, 10 and 11 below</li> <li>considers all hazard(s) associated with the risk of engulfment as well as hazards and controls identified on Form A</li> <li>includes impacts on the environment, customer, community and business, where relevant</li> <li>includes a record of the FIFM HIDRA participants</li> <li>refers to the emergency response, if the controls fail, eg evacuation procedure.</li> </ul>  | C     |
| 8   | Is the work in a confined space?   | FIFM plan coordinator: Production Officer. | Does the FIFM HIDRA (Form C), show that the engulfment hazard is associated with work in a confined space, such as a pipe or tank, as shown in example 1 of Appendix 1.<br><br>If yes, go to box 9.<br><br>If no, go to box 11.  | C     |
| 9   | Is double barrier isolation as described in <i>HSP0001 Confined Space Safety</i> reasonably practicable?   | FIFM plan coordinator: Production Officer. | If the FIFM HIDRA (Form C) shows that the work is in a confined space, is it reasonably practicable to control the engulfment hazard with double barrier isolation as per <i>HSP0001 Confined Space Safety</i> , as shown in example 1 of Appendix 1.<br><br>If yes, go to box 12.<br><br>If no, go to box 10.   | C     |
| 10  | Document the reason why not, on Form C.  | FIFM plan coordinator: Production Officer. | Document on Form C, the reason why double barrier isolation for confined space work is not reasonably practicable.<br><br>Example 2 from Appendix 1 has examples of why it may not be reasonably practicable.<br><br>Once this is done, go to box 11.  | C     |
| 11  | Can single isolation with an additional control, and / or flow management with flow monitoring be applied? | FIFM plan coordinator: Production Officer. | Assess if single isolation with an additional control and / or flow management with flow monitoring can be applied if double isolation is not reasonably practicable and the FIFM HIDRA (Form C) shows that the work is: <ul style="list-style-type: none"> <li>in a confined space with a risk of engulfment</li> <li>not in a confined space but there is still a risk of engulfment.</li> </ul> <input type="checkbox"/> If yes, and for example, single isolation with an additional control is to be used: <ol style="list-style-type: none"> <li>at line 1 of Form C, specify what the single isolation will be, eg a stop board, as shown in example 2 of Appendix 1</li> <li>at line 2 of Form C, specify what additional control will be used to ensure that the single isolation remains secure, by</li> </ol> | C     |


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| Box | Description  | Who  | Explanation  | Forms            |
|-----|--|--|--|------------------|
|     |  |  | choosing from one of the options shown in example 2 of Appendix 1  |                  |
|     |  |  | c) go to box 12.   |                  |
|     |  |  | If no, hand back to the person requesting FIFM to re-scope the work.   |                  |
| 12  | Confirm that HIDRA participants have reviewed and acknowledge the FIFM HIDRA.  | FIFM plan coordinator: Production Officer. | The FIFM plan coordinator signs off on Form K, line 4 when they are satisfied that all key HIDRA participants have reviewed and acknowledge the FIFM HIDRA (Form C).   | K, line 4        |
| 13  | Determine if a trial is required and draft the FIFM plan:  | FIFM plan coordinator: Production Officer. | The draft FIFM plan can now be developed. It may need to be re-developed later depending on the outcome of a trial FIFM.   |                  |
|     | <ul style="list-style-type: none"> <li>Determine if a trial FIFM and re-commissioning schedule is required.</li> </ul> |  | <p>A trial FIFM must be considered to prove the effectiveness of relevant controls in the FIFM plan.</p> <p>A trial should also be considered when there is significant uncertainty about the: safety, customer, environmental or political impacts that the FIFM may have, especially when system behavior can't be predicted.</p> <p>Experience shows that what has worked in the past, may not work on the day.</p> <p>A trial can be done separately or as the initial part of the FIFM plan implementation.</p> <p>If a trial FIFM is required, document the success factors for the trial on Form E, and circle Y (Yes) on Form K at line 7.</p> | E                |
|     | <ul style="list-style-type: none"> <li>Prepare communication for FIFM (if required).</li> </ul>                        |  | <p>A communication strategy should be considered depending on the risks and controls identified on Form C, for safety, environment, customer and business.</p> <p>Indicate on Form K (line 7) if a communication strategy is required, by circling Y or N.</p>   | E and K, line 7. |
|     | <ul style="list-style-type: none"> <li>Prepare FIFM schedule.</li> </ul>   |  | <p>It is mandatory that a FIFM schedule including a method of proving FIFM is prepared using Form H.</p> <p>Ensure this is signed on Form K, line 6, as prepared, before submitting for approval.</p>  | H                |
|     | <ul style="list-style-type: none"> <li>Prepare FIFM monitoring plan (if required).</li> </ul>                          |  | <p>If a FIFM monitoring plan is required, used Form I.</p> <p>If monitoring the operational status of a wet well is required, use Form G.</p> <p>Indicate on Form K (line 7) if either of these is required by circling Y or N.</p>  | K, line 6        |
|     | <ul style="list-style-type: none"> <li>Prepare re-commissioning schedule.</li> </ul>                                   |  | <p>It is mandatory that a re-commissioning schedule using Form J is completed.</p>   | I                |
|     |  |  |  | G                |
|     |  |  |  | K                |
|     |  |  |  | J                |

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## 2.3. Approving FIFM



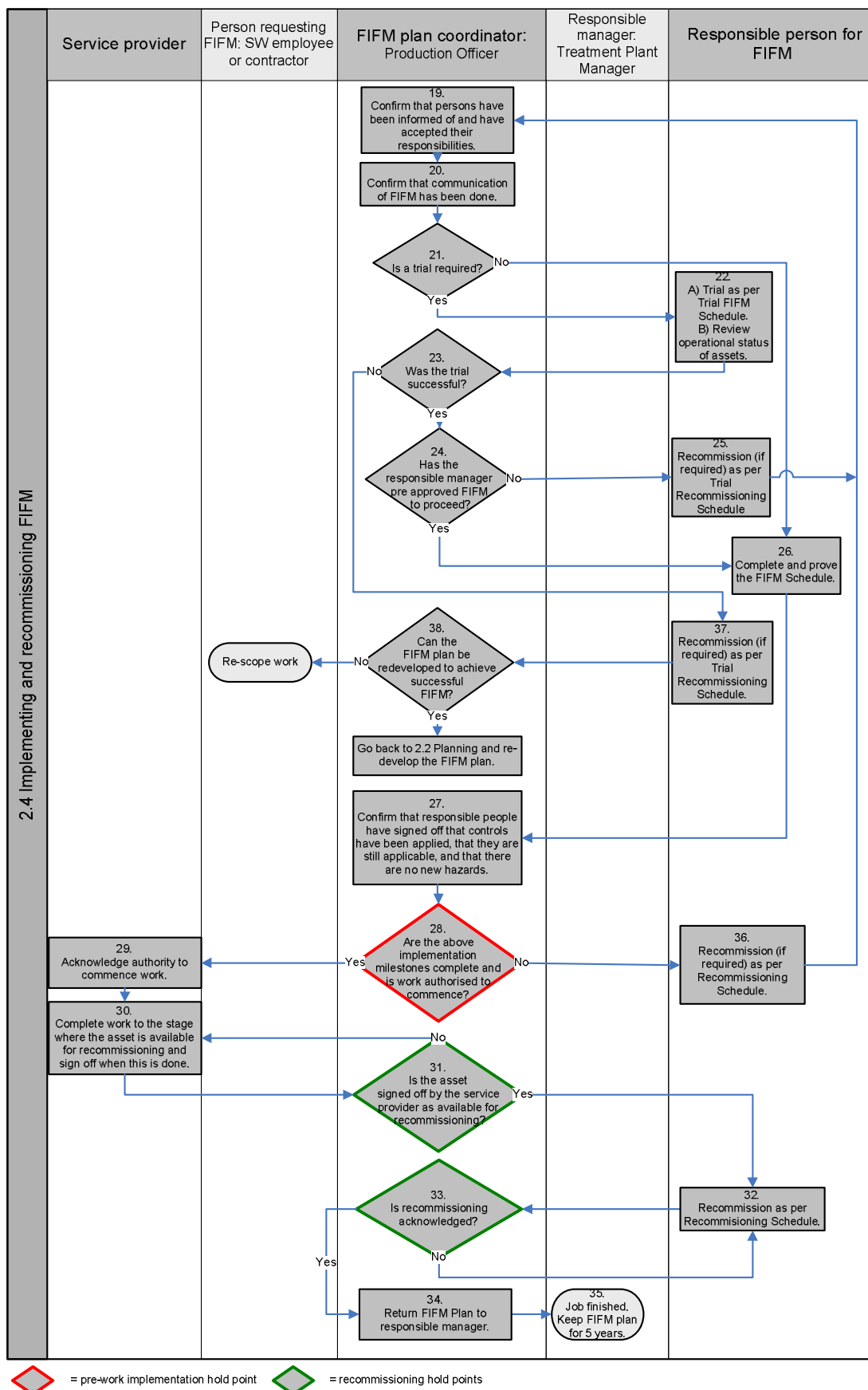
 = hold point

| Box | Description   | Who  | Explanation  | Forms                                      |
|-----|---|--|--|--|
| 14  | Review the FIFM plan.   | Treatment Plant Manager  | Review the plan including any requirements for a trial.  |  |
| 15  | Is the plan acceptable (including a trial if required at box 13)? | Treatment Plant Manager  | If the plan is acceptable, go to box 16.<br><br>If not, hand back to the FIFM plan coordinator to re draft the unacceptable parts of the plan.   |  |
| 16  | Approve FIFM plan.  | Responsible manager:<br><br>• Treatment Plant Manager for double Isolation.<br><br>• Treatment Area Manager for single isolation / and or flow management, after endorsement by plant manager. | Approve Roles and Responsibilities (Form B) on Form K, line 2.<br><br>Approve the FIFM HIDRA (Form C) on Form K, line 3.<br><br><b>Approve the overall plan on Form K at line 7 as follows:</b><br><br>Communication of FIFM (Form D).<br>Trial FIFM and Recommissioning Schedule and checking the operational status of assets (Form E / F).<br>If a trial is successful, can FIFM proceed to Form H without a trial recommissioning on Form E.<br>FIFM Schedule, including method of proving successful FIFM (Form H).<br>FIFM Monitoring Plan (Form I / G).<br>Recommissioning Schedule (Form J). | K, line 2,<br>line 3,<br><br><b>line 7</b> |
| 17  | Review and accept   | Responsible  | It is mandatory that a responsible person for  | K,   |

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| Box | Description   | Who  | Explanation  | Forms    |
|-----|---|--|--|----------|
|     | the FIFM plan.  | person for FIFM.                           | FIFM from the area that will complete and prove the FIFM schedule on Form H, reviews and accepts the FIFM plan.  | line 8   |
| 18  | Are planning milestones complete and do you accept the FIFM plan? | FIFM plan coordinator: Production Officer. | <p><b>This is a hold point.</b></p> <p><b>Confirm that milestones 2 – 8 on Form K have been completed.</b></p> <p>If a trial is required at milestone 7, confirm that this has been approved on Form E.</p> <p>If the planning milestones are complete, go to 2.4 Implementing FIFM.</p> <p>If any planning milestones are not complete, do not accept the plan. FIFM can't be implemented. Resolve any incomplete milestones before accepting the plan.</p> | K line 9 |

## 2.4. Implementing and recommissioning FIFM



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| Box | Description  | Who  | Explanation  | Forms                      |
|-----|--|--|--|----------------------------|
| 19  | Confirm that persons have been informed of and have accepted their responsibilities. | FIFM plan coordinator: Production Officer. | Confirm that Form B has been completed before signing Form K.  | K, line 10                 |
| 20  | Confirm that communication of FIFM has been done.                                    | FIFM plan coordinator: Production Officer. | Confirm that Form D has been completed before signing Form K.  | K, line 11                 |
| 21  | Is a trial required?   | FIFM plan coordinator: Production Officer. | Check Form K to see if the responsible manager has approved a trial FIFM.<br>If a trial is required, go to box 22.<br>If a trial is <b>not</b> required, go to box 26.   | K, line 7                  |
| 22  | Trial as per Trial FIFM Schedule and review operational status of assets             | FIFM plan coordinator: Production Officer. | Complete and prove the trial according to the sequence on Form E.<br><br><b>Service providers are not permitted to do the work that requires FIFM, during trials.</b><br><br>If the trial is not successful, record the reason why and any actions required, on Form E.<br><br>Check the operational status of assets after the trial using Form F.<br><br>Notify the FIFM coordinator when finished or if additional activities to complete the trial are required. | E<br><br><br><br><br><br>F |
| 23  | Was the trial succesful?   | FIFM plan coordinator: Production Officer. | Assess the trial against the pre-determined success factors on Form E.<br>If the trial was successful, go to box 24.<br>If the trial is not successful, go to box 38 (via box 37 if the asset needs to be recommissioned in the meantime).   | E                          |
| 24  | Has the responsible manager pre approved the FIFM to proceed.                        | FIFM plan coordinator: Production Officer. | If the trial FIFM is successful and the work is able to commence, there may not be a need to do a trial recommissioning.<br><br>The actual FIFM schedule can proceed <b>if</b> the responsible manager has given pre approval on Form K, line 7. If so, go to box 26.<br><br>If the trial was successful but the responsible manager has not approved FIFM to proceed, for instance, the work can't be completed within a certain time period, go to box 25.         | K, line 7                  |
| 25  | Recommison (if required) as per Trial Recommissioning Schedule.                      | Responsible person for FIFM.               | Recommission as per the sequence on Form E, and inform the FIFM plan coordinator when this is done.  | E                          |

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| Box | Description   | Who  | Explanation  | Forms             |
|-----|---|--|--|-------------------|
| 26  | Complete and prove the FIFM schedule.   | Responsible person for FIFM.                     | <p>Complete and prove the actual FIFM schedule according to the sequence on Form H, and sign off on Form K when this is done.</p> <p>Identify any risks associated with operational assets, such as: pipes, valves or pumps, and confirm their operational status.</p> <p>If any of the activities are unable to be completed, consult the responsible manager to identify additional FIFM activities to enable FIFM.</p> <p>If they still can't be completed, notify the FIFM plan coordinator to cancel work.</p>      | H and K, line 12  |
| 27  | Confirm that responsible people have signed off that controls have been applied, that they are still applicable, and that there are no new hazards. | FIFM plan coordinator: Production Officer.       | <p>Confirm that Form C has been completed and signed off before signing Form K.</p> <p>Also, check that these controls are still relevant to when the FIFM HIDRA was done and that no new hazards are present.</p>   | K, line 12        |
| 28  | <b>Are the above implementation milestones complete and is work authorised to commence?</b>   | <b>FIFM plan coordinator: Production Officer</b> | <p><b>This is a hold point.</b></p> <p>If it is confirmed that forms B, C and D have been signed off, <b>and</b> that the FIFM plan schedule (Form H) has been completed and proven, go to box 29.</p> <p>If any these forms are not signed off and / or Form H has not been completed and proven, work is <b>not</b> authorised to commence.</p> <p>In this case, go back to box 19 (via box 36 if the asset needs to be recommissioned in the meantime) and reconfirm any of the forms B, C, D and H as necessary.</p> | K, line 14        |
| 29  | Acknowledge authority to commence work.   | Service provider.                                | <p>The service provider signs off Form K line 15, <b>only</b> after the FIFM plan coordinator signs off Form K, line 14.</p> <p>The service provider must not commence work until these are signed.</p>  | K, line 15        |
| 30  | Complete work to the stage where the asset is available for recommissioning.  | Service provider.                                | The service provider completes the work up to the re-commissioning stage and signs off on Form K, line 17 when this is done.   | K, line 17        |
| 31  | <b>Is the asset signed off by the service provider as available for recommissioning?</b>  | <b>FIFM plan coordinator: Production Officer</b> | <p><b>This is a hold point.</b></p> <p>If work is signed off as completed, go to box 32.</p> <p>If work is not signed off as completed, go back to box 30.</p>   | <b>K, line 18</b> |
| 32  | Recommission as per the Recommissioning Schedule.   | Responsible person for FIFM.                     | Recommission the assets as per the sequence on Form J, and sign off on Form K when this is done.   | J and K, line 20  |

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| Box | Description   | Who  | Explanation   | Forms      |
|-----|---|--|---|------------|
|     |   |  | If recommissioning is not successful, give the reason why on Form J.  |            |
| 33  | Is recommissioning acknowledged?                                | FIFM plan Coordinator: Production Officer  | <p><b>This is a hold point.</b></p> <p>If recommissioning is acknowledged, go to box 34.</p> <p>If recommissioning is <b>not</b> acknowledged, go back to box 32.</p>   | K, line 21 |
| 34  | Return the FIFM plan to the relevant responsible manager.       | FIFM plan coordinator: Production Officer. | FIFM plan coordinator: Production Officer.  | K, line 21 |
| 35  | Job finished. Keep FIFM plan for 5 years.                       | Responsible manager.                       | Records must be available for auditing purposes.  |            |
| 36  | Recommison (if required) as per recommisioning schedule.        | Responsible person for FIFM.               | Recommission the assets as per the sequence on Form J.  | J          |
| 37  | Recommison (if required) as per trial recommissioning schedule. | Responsible person for FIFM.               | Recommission the asset as per the sequence on Form E.   | E          |
| 38  | Can the FIFM plan be re-developed to achieve successful FIFM?   | FIFM plan coordinator: Production Officer. | <p>Review the FIFM plan to see if it can be re-developed.</p> <p>Amend the plan as necessary and re-trial until the trial is successful.</p> <p>Modify any forms as required and resubmit for approval.</p> <p>If the plan can be re-developed, go back to 2.2 Planning and re-develop the FIFM plan.</p> <p>If the plan can't be re-developed, the work can't meet the requirements of this procedure and needs to be re-scoped.</p> |            |

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## Appendix 1 Examples of FIFM HIDRA for Treatment

### Example 1: Double barrier isolation

#### HIDRA FOR FLOW ISOLATION / FLOW MANAGEMENT FORM C

| PROJECT TITLE / NAME | Context Of Assessment  | Person(s) Conducting Assessment  |
|----------------------|--|----------------------------------|
| Grit tank repair     | Failure of single isolation of flow to the grit tank while people are working in the tank. | Di Gester and Sid Imentationtank |
|                      |  | <i>Date Of Assessment</i>        |

CAT.  
SEVERE  
MODERATE  
MINOR  
INSIGNIF.

|   |             |        |          |               |
|---|-------------|--------|----------|---------------|
|   | Very Likely | Likely | Unlikely | Very Unlikely |
| 1 | 1           | 2      | 3        | 4             |
| 2 | 3           | 4      | 5        | 6             |
| 3 | 4           | 5      | 6        | 6             |
| 4 | 5           | 6      | 6        | 6             |

| Hazard                                  | Impact                  |   | Risk Before Controls |             |             | CONTROLS<br>(List all controls – current & required – intended to support the development of safe systems of work)   | Risk After Controls |            |             | Group responsible to implement control | Sign off – controls applied |                  |
|---|-------------------------|---|----------------------|-------------|-------------|--|---------------------|------------|-------------|--|-----------------------------|------------------|
| <i>What can harm you?</i>               | <i>What can happen?</i> | <i>How it can happen?</i>   | Consequence          | Likelihood  | Risk Rating | Note: this example would comply with HSP0001 Confined Space Safety.  | Consequence         | Likelihood | Risk Rating |  | <i>First Name</i>           | <i>Signature</i> |
| Engulfment by sewage in confined space. | Drowning.               | Uncontrolled flow fills grit tank while people are working in it. | Catastrophic         | Very Likely | 1           | <b>Double Isolation:</b> Two stop boards in-between the source of flow to the grit tank and the work area will be installed and isolated as per <i>HSP049 Lock Out Tag Out</i> , and the channel in between the stop boards will be drained.<br><br><b>Monitor Leakage:</b> A nominated person will monitor the upstream stop board for any signs of leakage and alert the FIFM plan coordinator for evacuation. | Catastrophic        | Unlikely   | 2           |  |                             |                  |

## Example 2: Single barrier isolation plus additional control

### HIDRA FOR FLOW ISOLATION / FLOW MANAGEMENT FORM C

| PROJECT TITLE / NAME  |                  | Context Of Assessment  |                      |             |             | Person(s) Conducting Assessment   |                     |               | CAT.<br>SEVERE<br>MODERATE<br>MINOR<br>INSIGNIF. | <table border="1"> <tr> <td>Very Likely</td> <td>Likely</td> <td>Unlikely</td> <td>Very Unlikely</td> </tr> <tr> <td>1</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>4</td> <td>5</td> <td>6</td> <td>6</td> </tr> </table> |                             |           |  | Very Likely | Likely | Unlikely | Very Unlikely | 1 | 1 | 2 | 3 | 2 | 3 | 4 | 5 | 3 | 4 | 5 | 6 | 4 | 5 | 6 | 6 |
|---|------------------|--|----------------------|-------------|-------------|---|---------------------|---------------|--|--|-----------------------------|-----------|--|-------------|--------|----------|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Very Likely   | Likely           | Unlikely   | Very Unlikely        |             |             |   |                     |               |  |  |                             |           |  |             |        |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1   | 1                | 2  | 3                    |             |             |   |                     |               |  |  |                             |           |  |             |        |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2   | 3                | 4  | 5                    |             |             |   |                     |               |  |  |                             |           |  |             |        |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3   | 4                | 5  | 6                    |             |             |   |                     |               |  |  |                             |           |  |             |        |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4   | 5                | 6  | 6                    |             |             |   |                     |               |  |  |                             |           |  |             |        |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Grit tank repair  |                  | Failure of single isolation of flow to the grit tank while people are working in the tank. |                      |             |             | Clary Fier and D.Wateredsludge  |                     |               |  |  |                             |           |  |             |        |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |                  |  |                      |             |             | Date Of Assessment  |                     |               |  |  |                             |           |  |             |        |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |                  |  |                      |             |             |   |                     |               |  |  |                             |           |  |             |        |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hazard  | Impact           |  | Risk before controls |             |             | CONTROLS<br>(List all controls – current & required – intended to support the development of safe systems of work)  | Risk After Controls |               |  | Group responsible to implement control   | Sign off – controls applied |           |  |             |        |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| What can harm you?  | What can happen? | How it can happen  | Consequence          | Likelihood  | Risk Rating | Note: This example would comply with section 2.2.2 of HSP0070 FIFM.   | Consequence         | Likelihood    | Risk Rating                                      |  | Post Name                   | Signature |  |             |        |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Engulfment by sewage in confined space.   | Drowning         | Uncontrolled flow fills grit tank while people are working in it.                          | Catastrophic         | Very Likely | 1           | <b>Single Isolation:</b> A stop board will be installed between the source of flow to the grit tank and the work area, and the tank dewatered.  | Catastrophic        | Unlikely      | 2  |  |                             |           |  |             |        |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |                  | The first stop board to the grit tank is removed while workers are in the tank.            | Catastrophic         | Unlikely    | 2           | <b>Choose from one of the following additional controls:</b><br><br><b>Lock out:</b> The stop board will be locked in accordance with HSP049 Lock Out Tag Out.<br><b>Or:</b><br><b>Prevent access:</b> Access to the stop board will be barricaded and signposted to prevent it from being inadvertently removed.<br><b>Or:</b><br><b>Monitor for leakage:</b> A nominated person will monitor the stop board for any signs of leakage and alert the FIFM plan coordinator for evacuation.<br><b>Or:</b><br><b>Guard the penstock:</b> A nominated person will guard the penstock and alert the FIFM plan coordinator if there is a potential for the stop board to be removed. | Catastrophic        | Very Unlikely | 3  |  |                             |           |  |             |        |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |                  | The stop board collapses or is pulled from its guides                                      | Catastrophic         | Unlikely    | 2           | The stop board has been designed to withstand operational flows. Also the stop board has been trialled and demonstrated capacity to withstand flows.  | Catastrophic        | Very Unlikely | 3  |  |                             |           |  |             |        |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |                  |  |                      |             |             |   |                     |               |  |  |                             |           |  |             |        |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Comments:</b><br>It is not reasonably practicable to implement double isolation as described in HSP0001 Confined Space Safety. This is because the safety risk and / or cost of installing a second isolation is greater than the risk of the first isolation barrier failing and or the risk of the first isolation being defeated with the second controls in place. |                  |  |                      |             |             |   |                     |               |  |  |                             |           |  |             |        |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

