



Hive Relocation	SAFE WORK METHOD STA	ATEMENT (SWMS)	
TA	ASK OR ACTIVITY: Hive Relocati	on	
Business Name:		ABN:	SWMS#
Business Address:			
Contact Person:	Phone:	E jil:	
		THE STATE OF THE S	
THIS SAFE WORK METHOD	STATEMENT IS APPRO' D BY	THE PCL OF THE ROJECT	
Under the Work Health and Safety Regulation (WHS Regulation), a person conduct the proposed work starts.	eting a business or under a (PC 1) is	required to en that a safe work method s	statement (SWMS) is prepared before
Full Name:			
Signature:		Title:	Date:
Details of the person(s) responsible for ensuring implementation, monitoring a	poliance the VMS a well as review	s and modifications of the SWMS.	
Full Name:		Title:	Phone:
ALL PERSONNEL PARTICIPATING IN ANY ACTIVITY ON THIS & VMS MAY HAVE THE FOLLOWING COMMUNICATED	NAL 2 OF ALL RELEVANT PERSONNE EVELOPMENT AND APPROVAL OF	EL WHO HAVE BEEN CONSULTED AND COTHIS SWMS	OMMUNICATED TO IN THE
Safety meetings or toolbox talks will be sched ed in account with gislative requirements to first identify any site hazards, comparing those hazards and then to further take steps to either eliminate or continuous each hazard.			
If an incident or a near miss occurs, all work must sto, an alately. Depending on the severity of the incident, a meeting will be called with all workers to amend the SWMS if required. The meeting may also be an educational opportunity.			
Any changes made to the SWMS after an incident or a near miss must be approved by the Person Conducting Business or Undertaking and communicated to all relevant personnel.			
The SWMS must be kept and be available for inspection at least until the work is completed. Where a SWMS is revised, all versions should be kept. If a notifiable incident occurs in relation to which the SWMS relates, then the SWMS must be kept for at least two years from the occurrence of the notifiable incident.			

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CLIENT OR PRINCIPAL	CONTRACTOR DETAILS
Client:	SCOPE OF WORKS
Project Name:	
Project Address:	
Project Manager:	
Contact Phone:	
Date SWMS supplied to Project Manager:	
ANY HIGH BIOK CONSTRUCTOR	NAME OF THE POLIT
ANY HIGH-RISK CONSTRUCTOR	N WC & BEIN C ARIED OUT
☐ involves a risk of a person falling more than 2 meters	is carried out on or near pressurised gas mains or piping
☐ is carried out on a telecommunication tower	carried out on or near chemical, fuel or refrigerant lines
☐ involves demolition of an element of a structure that is load-bearing	\square is carried out on or near energised electrical installations or services
☐ involves demolition of an element related to the physical integral of a functure	☐ is carried out in an area that may have a contaminated or flammable atmosphere
☐ involves, or is likely to involve, disturbing asb	☐ involves tilt-up or precast concrete
☐ involves structural alteration or repair that —quires term — v sup —rt to prevent collapse	☐ is carried out on, in or adjacent to a road, railway, shipping lane or other traffic corridor
☐ is carried out in or near a confined space	☐ is carried out in an area of a workplace where there is any movement of powered mobile plant
☐ is carried out in/near a shaft or trench deeper that. tunnel involving use of explosives	☐ is carried out in areas with artificial extremes of temperature.
\square is carried out in or near water or other liquid that involves a risk of drowning.	☐ involves diving work.
ANY HIGH-RISK MACHINER	Y OR EQUIPMENT NEARBY

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RISK MATRIX									
LIKELIHOOD	INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC	SCORE	ACTION	HEIRARCHY OF CONTROLS	
ALMOST CERTAIN	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4 ACUTE	SCORE	ACTION	Elimination Remove the hazard.	
LIKELY	2 MODERATE	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4A ACUTE	DO NOT PROCE	Substitution	
POSSIBLE	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	4 ACUTE	3H HIGH	Review before work starts.	Replace the hazard.	
UNLIKELY	1 LOW	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	2M MODERATE	Ensure control measures in place.	Isolate People from the hazard	
RARE	1 LOW	1 LOW	2 MODERATE	3 HIGH	3 HIGH	1L LOW	nitor and	Engineering Isolate the hazard.	
is the second m	rchy of Controls: ost effective metho nging the work is th	d of controlling a	hazard. Enginee	ering by isolati	on is the in ost e	en 'ive, while	rd. Substitution Administrative effective	Administrative Change the work. PPE	

				PERS		TIVE EQUIPM					
		Select the app	propriate PPL	abo√ ≃uitab	ic or the equi	pment used or	the job task	being perforr	ned (if applica	ıble).	
FOOT PROTECTION	HAND PROTECTION	HEAD PROTECTION	HEARING ETION	P ECTION	R PIRATORY PROTECTION	FACE PROTECTION	HIGH-VIS CLOTHING	PROTECTIVE CLOTHING	FALL PROTECTION	SUN PROTECTION	HAIR/JEWELLERY SECURED
Other PPE R	Required:										
	Pe	ermit or Licen	ses Requirem	ents		Mandatory Qualifications and Training					



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK
1. Preparation	Risk of bee stings, Allergic reactions to stings, Moving heavy equipment	2M	 Provide training for all workers on the program and ling of bees and use of equipment to minimise the risk of bee stings. Ensure all workers wear appropriate personal or unive equipment (PPE) such as bee suits, gloves, and veils to reduce exposure to bee stings. Identify any workers with knee callergies to bee so us as a amplement an emergency response plan specific to allergic reactions including easy access to the dephrine auto-injectors. Maintain a firm and kit on the stocking easy access to the dephrine auto-injectors. Maintain a firm and kit on the stocking easy access to the dephrine auto-injectors. Maintain a firm and kit on the stocking easy access to the dephrine auto-injectors. Maintain a firm and kit on the stocking easy access to the dephrine auto-injectors. Implication to allergic reactions. Implication to the stocking easy the stocking easy access to the dephrine auto-injectors. Implication to the stocking easy access to the dephrine auto-injectors. Maintain a firm and kit on the stocking easy access to the dephrine auto-injectors. Maintain a firm and any necessary medication to the story access to the sting treatment and any necessary medication to easy with allergic reactions. One of the re-task infects priefling to inform workers about potential hazards and safety procedures related to be and line and infected by briefling to inform workers about potential hazards and safety procedures related to be anadiline and brive relocation. Maintain all equipment or team lifts to relocate heavy beekeeping equipment safety to prevent in the safety procedures are less active to the day or during hours when bees are less active to the agent and safety procedures are less active to the day or during hours when bees are less active to the access and safety procedures are less active to the day or during hours when bees are less active to the access and safety procedures are less active	1L
2. Site Assessment	Slips, trips and falls, Contact with energised electrical installations or services	2M	 Conduct a thorough site assessment before commencing work to identify potential slip, trip, and fall hazards such as uneven surfaces or obstructed pathways. Ensure that all personnel are equipped with appropriate personal protective equipment (PPE), including sturdy footwear with non-slip soles. Implement clear marking and signage to indicate hazardous areas and restricted zones around the worksite. Use insulated tools and equipment specifically designed for working near electrical installations to minimise the risk of contact with live wires. 	1L



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SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK
			- Deactivate and isolate electrical services in the vicinity of the work area before commencing hive relocation tasks.	
			- Conduct regular toolbox talks to inform and remir team members about potential hazards and the necessary precautions to take.	
			- Maintain a clean and organised worksite, amptly addressing any spills, debris, or obstructions that could lead to slips or trips.	
			- Establish a safe access and egress plan for an orkers, ensuring that all walkways are free from obstacles and clearly visible.	
			- Assign a competent person to ersee safety competent person to erse safety competent person to ersee safety competent person to ers	
			- Develop are viergency reconse prospecific to the site, including procedures for dealing with potential electrical incit. Its and initials.	
			- Cont of ore-instriction of all PPE for damage or wear and replace any faulty equipment before commercial the hit relocation process.	
			- Provide team tember with beekeeper suits specifically designed with sting-resistant fabric for optimal	
			- Ens. that all zippers and Velcro fastenings on beekeeper suits are fully secured to prevent bees from ptering.	
			- uble-check that all personnel have access to well-fitted gloves, sealed at the wrists, to prevent bee envy and stings.	
			- Equip all personnel with wide-brimmed hats and protective veils made from fine mesh to guard against facial stings and maintain clear visibility.	
Personal Protective Equipment (PPE) Check	Inadequate protect simpairment	2M	- Conduct brief training sessions for employees to verify they understand how to correctly don and doff their PPE.	1L
			- Regularly inspect respirators for proper seal quality and ventilation to ensure they provide adequate protection from potential allergens and contaminants.	
			- Certify that all team members have appropriate boots or footwear that cover ankles and are free of holes or tears.	
			- Maintain spare PPE on-site to immediately substitute any impaired equipment during the activity.	
			- Implement mandatory hand-washing and hygiene practices to complement the use of protective gear.	
			- Designate a supervisor tasked with routinely checking each worker's PPE throughout the operation to ensure compliance and safety.	
			- Develop a quick-response plan in case of PPE failure, including an immediate retreat and availability of first-aid treatment.	
4. Tool and Equipment Check	Improper handling of tools & equipment , Faulty tools and equipment	2M		1L



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5. Setting Up the Work Area	Falling objects, Trip hazards, Unsecured work area	2M		1L



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				•
6. Hive Identification	Misidentification of species, Disturbir hive	ЗН		1L



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7. Application of Pesticides if needed	Chemical exposure, Incorrect handling	ЗН		2M
8. Hive Removal	Falling from height, Bee stings	3H		2M

Review Date:



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9. Hive Transportation	Transport accidents, Horing injuries			2M
10. Re-homing the Bees	Risks from new environment, Disturbance to local wildlife	2M		1L



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11. Clean-up Worksite	Heat exhaustion, Exposure to pesticides, Lifting injuries	ЗН		2M



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12. PPE Removal and Cleanup	Incorrect removal procedure, Contamination risks			1L
13. Decontaminate Tools and Equipment	Chemical exposure, incorrect handling of cleaning agents	2M		1L



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14. Waste Disposal	Allergic reactions to stings an waste, Improper disposal procedure	зн		2M



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15. Review and Report	Procedures not followed correctly, Missed hazards or risks	2M		1L
16. Regular safety audit	Non-compliance to safety regulations, missed hazards during audit	ЗН		2M



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17. Training & Education	Inadequate training causing mishandling, lack of awareness about potential force majeure event	4A		2M



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SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK
18. Risk Management Programme	Inconsistent application of risk management procedures	ЗН		2M
19. Emergency Response Plan	Unpreparedness for emergency situations, inadequate knowledge of first-aid procedures	ЗН		2M



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20. Safety Drills	Risks due to non-participion in s, inadequate emphasis place. In the importance of safety drills	3H		2M



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SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK





EMERGENCY RESPONSE - CALL 000 FOR EMERGENCIES

Ensure to have an Emergency Management Plan in place as well as adequate numbers of trained first aid staff with easy access to fully stocked first aid kits, rescue equipment, material safety data sheets, adequate access to emergency communication equipment and fire-fighting equipment suitable for all classes of fire and ignition sources.

LEGISLATIVE REFERENCES

RELEVANT LEGISLATION AND CODES OF PRACTICE. DELETE THE LEGISLATIVE REFERENCES. ANY STATE OF AT ARE NOT APPLICABLE.

Queensland & Australian Capital Territory

Work Health and Safety Act 2011

Work Health and Safety Regulations 2011

Legislation QLD: https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws Codes of Practice QLD: https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice

Legislation ACT: https://www.worksafe.act.gov.au/laws-and-compliance/acts-and-regulations

Codes of Practice ACT: https://www.worksafe.act.gov.au/laws-and-compliance/codes-of-practice

New South Wales

Work Health and Safety Act 2011

Work Health and Safety Regulations 2017

Legislation NSW: https://www.safework.nsw.gov.au/legal-obligations/legislatide

Codes of Practice NSW: https://www.safework.nsw.gov.au/resource-library/lis

Northern Territory

Work Health and Safety (National Uniform Legislation) Act 2011

Work Health and Safety (National Uniform Legislation) Regulation 201

Codes of Practice NT: https://worksafe.nt.gov.au/f

South Australia

Work Health and Safety Act 2012 (SA)

Work Health and Safety Regulations 2012 (SA)

Legislation for SA: https://www.safework.sa.gov.au/resources/le

Codes of Practice for SA: https://www.safework.sa.gov.au/work_aces/codes-of-practice#COPs

Tasmania

Work Health and Safety Act 2012

Work Health and Safety (Transitional and Consequential Provisions) Act 2012

Work Health and Safety Regulations 2012

Work Health and Safety (Transitional) Regulations 2012

Legislation for TAS: https://worksafe.tas.gov.au/topics/laws-and-compliance/acts-and-regulations

Codes of Practice for TAS: https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice

Details of permits, licenses or access required by regulatory bodies (add or delete as required):

- Permits from local council
- Authorisation to commence work
- Any required documents.

Victoria

Occupational Health al. Safety Act

Occupational Health and afety gulations 2017

Legis on VIC: https://www.xsafe.vic.gov.au/occupational-health-and-safety-act-and-

gulat

des on actice VI autps://www.worksafe.vic.gov.au/compliance-codes-and-codes-practice

Western Australia

Work Health and Safety Act 2020

Work Health and Safety Regulations 2022

Legislation Western Australia: https://www.commerce.wa.gov.au/worksafe/legislation

Codes of Practice WA: https://www.commerce.wa.gov.au/worksafe/codes-practice

Safe Work Australia Links

Law and Regulation (All States): https://www.safeworkaustralia.gov.au/law-and-regulation Model Codes of Practice: https://www.safeworkaustralia.gov.au/resources-publications/model-codes-of-practice

Model Codes of Practice

- Managing noise and preventing hearing loss at work
- Confined spaces
- Labelling of workplace hazardous chemicals
- Managing risks of hazardous chemicals in the workplace
- Welding processes
- First aid in the workplace
- Managing the risk of falls at workplaces
- Hazardous manual tasks
- Managing the risk of falls in housing construction
- Managing electrical risks in the workplace
- Demolition work
- Excavation work
- Work health and safety consultation, cooperation and coordination
- Managing the work environment and facilities
- How to manage work health and safety risks
- Managing risks of plant in the workplace
- Construction work





SIGNATORIES OF THE SAFE WORK METHOD STATEMENT

The signed and dated personnel listed below have cooperated in the consultation and development of this Safe Work Method Statement which has been approved by the Person/s Conducting a Business or Undertaking (PCBU). In signing this Safe Work Method Statement each individual acknowledges and confirms that they have read this SWMS in full, having raised any questions for items on this Safe Work Method Statement that require clarification, and confirms that they are competent, skilled and knowledgeable for the task assigned to them. Every person acknowledges that they have received the relevant training and qualifications where required, before carrying out any work contained in this Safe Work Method Statement. By signing this Safe Work Method Statement each individual agrees to work safely, to follow any safe work instructions which are provided, and agrees to use all Personal Protective Equipment where appropriate.

Worker Name	Signature	Date

SAFE WORK IN THE STATEMENT MONITORING AND REVIEW

The SWMS must be reviewed regularly to make sure it remains a fective of must be reviewed (and revised if necessary) if relevant control measures are revised. The view process should be carried out in consultation with workers (including contractors of the SWMS and their health and safety representatives who represented that work group at the workplace.

When the SWMS has been revised the PCBU mast ensure that advised that a revision has been made and how they can access the revised SWMS, including all persons who will need to change a work procedure or system as a rest of the review are advised of the changes in a way that will enable them to implement their duties and the involved in the work must be provided with the relevant information and instruction that will assist them to understand and implement the revised SWMS.

The SWMS must be monitored regularly for the effectiveness of ensuring hazard controls are effective in reducing the risk of incidents, keeping the workplace safe for all personnel. The person responsible for monitoring the effectiveness of the Safe Work Method Statement should employ a multi-faceted approach which includes but is not limited to:

- Spot Checks.
- 2. Consultation with workers, contractors and sub-contractors.
- 3. Internal audits on a continual basis.

An approach of continuous improvement, promptly recording inconsistencies or deficiencies, followed up by immediate corrective action and consultation with all relevant personnel ensures that the PCBU is consistently developing ever-improving systems of safe work principles.

REVIEW NUMBER	1	2	3	4	5	6	7
NAME							
INITIALS							
DATE							

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SAFE WORK METHOD STATEMENT REVIEW CHECKLIST

This Safe Work Method Statement Review Checklist is to be followed and used upon initial development of the SWMS to help ensure that all steps have been adequately taken before work commences. Think of this document as an internal audit review checklist before commencing work, and may form part of a Toolbox Talk (safety meeting) and may be used as an opportunity for education and training.

ITEMS WHICH MUST BE INCLUDED IN THE SWMS	COMPLETED	COMMENTS
The company details have been entered, including the project name and address.		
All relevant personnel consulted during the development of the SWMS.		
Name, signature, position and date signed of the person approving the SWMS.		
Specific personnel and qualifications, experience is noted in the SWMS.	7	
Provides a step-by-step process of tasks required to carry out the activity or task.		
Adequate risk assessment of any identified hazards has been completed.		
Foreseeable hazards are identified and documented for each step.		
Any hazards listed in any site risk assessments have been added to the SWMS		
SWMS initial risk (IR) column as well as residual risk (RR) column pleted.		
Check control measures added to the SWMS are the most effective selective.		
Responsible person is assigned and listed on the person is as a person is a per		
Permit or licenses requirements specified, sur as Hot Work, Electric Work, Work at Heights etc.		
SWMS identifies plant and equipment to be us		
Details of inspection checks required for any equipment listed a noted on the SWMS.		
Describes any mandatory qualifications, experience, and or skills required to perform the work.		
Applicable personal protective equipment is selected on the SWMS.		
Reflects and documents any legislative references and/or Australian Standards.		
Identifies any hazardous substances used with specific control measures in line with any SDS.		
REVIEWED BY	DATE REVIE	WED
SIGNATURE	DATE COMPL	ETED