

Beam Saw   SA	FE WORK METHOD STATE	EMENT (SWMS)	
	TASK OR ACTIVITY: Beam Saw		
Business Name: [Company Name]		ABN: [ABN]	SWMS#
Business Address: [Company Address]			
Contact Person:	Phone: [Phone]	E jil:	
THIS SAFE WORK METHOD	STATEMENT IS APPROVED BY 1	THE PL OF THE PROJECT	
Under the Work Health and Safety Regulation (WHS Regulation), a person conduct the proposed work starts.	eting a business or undertaking (F RU) is	required to ure at a safe work method s	tatement (SWMS) is prepared before
Full Name:			
Signature:		Title:	Date:
Details of the person(s) responsible for ensuring implementation, monitoring a	ompliance of the SWMS well as review	s and modifications of the SWMS.	
Full Name:		Title:	Phone:
ALL PERSONNEL PARTICIPATING IN ANY ACTIVITY ON THIS WMS. ST HAVE THE FOLLOWING COMMUNICATED	N. 1E AND DATED SIGNATURE OF A CO. MUNICATED TO IN THE DEVELO	LL RELEVANT PERSONNEL WHO HAVE BI PMENT AND APPROVAL OF THIS SWMS	EEN CONSULTED AND
Safety meetings or toolbox talks will be sched ed in accordance with egislative requirements to first identify any site hazards, conditions those hazards and then to further take steps to either the conditions of the conditions are or conditional talks.	NAME	SIGNATURE	DATE
If an incident or a near miss occurs, all work must standardly. 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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		CLI	ENT OR PRINCIPAL	CONTRACTOR D	ETAILS	CLIENT OR PRINCIPAL CONTRACTOR DETAILS										
Client:						SCOPE OF WORKS										
Project Name:					Provide a detailed description of the specific work being carried out (otherwise											
Project Address:					known as cope of works).											
Project Manager:																
Contact Phone:																
Project Manager Sig	nature:															
Date SWMS supplie	d to Project Manager:															
		ANY HIGH-	RISK CON PUCT	N' JRK BEING	CARRIED OUT											
☐ involves a risk of a pe	erson falling more than 2 m	neters.		is carried out on or near pressurised gas mains or piping.												
is carried out on a tel	ecommunication tower.	`	M + M	is carried out on	or near chemical, fuel or refrig	erant lines.										
☐ involves demolition o	f an element of a structure	that is load-be n.		is carried out on or near energised electrical installations or services.												
☐ involves demolition o	f an element related to the	physical integrit of a str	3.	is carried out in an area that may have a contaminated or flammable atmosphere.												
☐ involves, or is likely to	o involve, disturbing a	tos.		☐ involves tilt-up or precast concrete.												
involves structural alt	eration or repair that re	upp to p	prevent collapse.	is carried out on, in or adjacent to a road, railway, shipping lane or other traffic corridor.												
is carried out in or ne	ar 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 th	nan 1.5m or tunnel involvin	g use of explosives.	is carried out in a	areas with artificial extremes of	temperature.										
is carried out in or ne	ar water or other liquid tha	t involves a risk of drowning	ng.	☐ involves diving w	vork.											
		ANY HI	IGH-RISK MACHINER	RY OR EQUIPMEN	IT NEARBY											
Forklift	☐ Crane/s	☐ Hoist/s	☐ Excavator	☐ Backhoe/Loader	☐ Boom Lift	☐ EWP	☐ Genie Lift									
☐ Trencher	☐ Drilling Rig	☐ Trucks	Formwork	☐ Bobcat	☐ Flammable Gas	☐ Fuel	☐ Dozer									
☐ High Voltage	☐ Mulcher	☐ Tilt-up Panels	Roller	☐ Scissor Lift	☐ Tractor	Other -										

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### PERL NAL TECTIVE EQUIPMENT (PPE)

FOOT PROTECTION	HAND PROTECTION	HEAD PROTECTION	HEARING PPOTECTION	PROTE	SPIRATORY P STECTION	FACE PROTECTION	HIGH-VIS CLOTHING	PROTECTIVE CLOTHING	FALL PROTECTION	SUN PROTECTION	HAIR/JEWELLERY SECURED
			A								

Select me appropriate PPE above suitable for the equipment used or the job task being performed (if applicable).

**Note:** A SWMS must be reviewed regularly to make sure it remains effective. A SWMS must be reviewed (and revised if necessary) if relevant control measures are revised. The review process should be carried out in consultation with workers (including contractors and subcontractors) who may be affected by the operation of the SWMS and their health and safety representatives who represented that work group at the workplace.

When a SWMS has been revised, the person conducting a business or undertaking must ensure all:

- 1. persons involved in the work are advised that a revision has been made and how they can access the revised SWMS;
- 2. persons who will need to change a work procedure or system as a result of the review are advised of the changes in a way that will enable them to implement their duties consistently with the revised SWMS: and.
- 3. workers that will be involved in the work are provided with the relevant information and instruction that will assist them to understand and implement the revised SWMS.



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR	RESPONSIBLE PERSON
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK	NAME OF PERSON
1. Preparation	Incorrect set-up, Operator fatigue or inexperience	2M	<ul> <li>Proper training: Ensure all operators receive adequate training and demonstrate competency in handling and setting up the beam say prior to use.</li> <li>Regular breaks: Implement scheduled breaks to operators to reduce fatigue and maintain focus throughout their work shift.</li> <li>Clear instructions: Clearly label and provide to ap-byte up instructions for proper set-up procedures that are easily accessible to the erators.</li> <li>Pre-start checks: Conduct to tough pre-start chief is on the cam saw equipment before each use, ensuring it is usafe working conduct.</li> <li>Ergonomic designations of the volkstation and equipment setup conforms to ergonomic start ands to min hise possical strain and fatigue on the operator.</li> <li>Standard operating procedures (SON to relop and enforce comprehensive SOP of lated to a use of the beam say; including guidance on correct set-up and troubles obting to eques.</li> <li>Superist of Provide necessary supervision and support for inexperienced operator, to essure the pare using the beam saw safely and efficiently.</li> <li>Equipment material anance: Maintain the beam saw regularly according to material anance: Maintain the beam saw regularly according to material protective equipment (PPE): Ensure operators wear appropriate PPE, so has safety glasses, gloves, and hearing protection, in line with workplace health and safety guidelines.</li> <li>Risk assessment: Conduct regular risk assessments of the work area and activities, identifying and implementing appropriate controls to minimise potential hazards associated with incorrect set-up, operator fatigue, or inexperience.</li> </ul>	1L	
2. Operating Controls	Inadequate training, Electrical hazards	ЗН	<ul> <li>Ensure all operators undergo comprehensive training on beam saw operation, specifically addressing the proper use of controls to minimise any risks associated with inadequate training.</li> <li>Conduct regular refresher courses and toolbox talks for the workforce to maintain familiarity with the operation of the beam saw equipment and its associated controls.</li> <li>Display clear instructional signage around the work area highlighting the correct operation procedures and potential risks associated with the equipment.</li> <li>Implement a buddy system where experienced operators can mentor new or untrained workers, facilitating the hands-on understanding of safely operating controls.</li> <li>Undertake routine inspections of the beam saw's electrical components, including cords, cables, switches, and lead connections to identify any potential hazards and ensure compliance with Australian safety standards.</li> </ul>	1L	



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		RISK	<ul> <li>Utilise residual-current devices (RCDs) to protect against any electrical faults arising from improper operation or damage to the beam saw equipment during usage.</li> <li>Enforce a strict lockout/tagout procedure to issue electrical supply when performing maintenance, cleaning, or trouble mooting to avoid accidental activation of the beam saw and exposure to live electrical parts.</li> <li>Provide employees with appropriate personal continuous equipment (PPE) such as insulated gloves, non-conductive footwear, and continuous equipment (PPE) such as insulated gloves, non-conductive footwear, and continuous equipment (PPE) such as insulated gloves, non-conductive footwear, and continuous equipment (PPE) such as insulated gloves, non-conductive footwear, and continuous equipment (PPE) such as insulated gloves, non-conductive footwear, and continuous equipment endough electrical cords, or obstructions to each equipment access to controls during emergency situations.</li> <li>Maintain and conductive ergency reconstant part of addressing incidents related to indicate the indicate ergency reconstant part of addressing incidents related to indicate the indicate electrical hazards, including emergency contact numbers and not inchapate.</li> <li>Foste a working end proment that encourages open communication and reporting of any proceion thazard, inadequacies in training, or equipment concerns promptly of any proceion thazard, inadequacies in training, or equipment concerns promptly the sit superior or health and safety representative.</li> <li>Regulari review and update Safe Work Method Statements (SWMS) for operating learn so portrols, taking into account new technologies, additional training needs, revised safety regulations to ensure the most appropriate control measures are in pices.</li> </ul>	RISK	
3. Cutting Material	Kickback, Flying debris	ЗН	<ul> <li>Properly maintain the beam saw: Regular inspection and maintenance of the beam saw will ensure that it remains in good working condition, reducing the risk of kickback and flying debris.</li> <li>Operator training: Properly train all employees who operate the beam saw to ensure they understand how to safely cut material without causing hazards.</li> <li>Use appropriate safety equipment: Equip operators with suitable personal protective equipment (PPE), such as safety glasses, hearing protection, and gloves, to reduce the risk of injury from kickback or flying debris.</li> <li>Install guards: Make sure the beam saw is fitted with appropriate guards to prevent direct contact with the blade and deflect any flying debris away from users.</li> <li>Secure materials: Prior to cutting, properly secure the materials being cut to avoid unexpected movements that could lead to kickback or flying debris.</li> <li>Keep the work area clean: Regularly remove offcuts, dust, and other debris from the work area, which can contribute to kickback and flying debris hazards.</li> <li>Clear communication: Establish clear communication among workers in the vicinity of the beam saw operation to ensure awareness of potential hazards and actions to be taken if a hazard arises.</li> </ul>	2M	



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			- Follow cutting procedure: Operators must adhere to the recommended cutting procedure for each specific material, minimising the chances of kickback and flying debris.		
		- Adjust the saw speed: Ensure that the correct w blade speed is used for each type of material, as incorrect speeds can in the ase the risk of kickback or flying debris.			
		- Utilise appropriate saw blades: Use only man er-recommended saw blades for the specific materials being cut to minimise the sisk of kickly and flying debris.			
			- Implement safety controls: On the an accessible entropy stop button/function, preventing the machine peral, when triggered, entropy operators to quickly shut down the sound case, sany card.		
4. Blade changing	Risk of injury, Blade broakage	ЗН		1L	



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5. Safety Devices	Malfunctioning devices, inadequate guarding	3H		2M	



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6. Emergency Stop	Delayed response, Power failure	4A		2M	



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7. Dust Extraction	Exposure to harmful particles are hazard	2M		1L	



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8. Noise Control	Hearing damage, Excessive noise levels	2M		1L	



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9. Maintenance	Electrocution, Equipment malfunction	ЗН		1L	



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10. Manual Handling	Sprains and strains, Incorrect lifting techniques	2M		1L	



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11. Housekeeping	Slips, trips and falls, Obstructed walkways	2M		1L	



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12. PPE	Improper use, Inadequate protection	2M		1L	



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13. Work Area Inspection	Poorly lit work area, Unidentified hazards	2M		1L	



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14. Lockout/Tag-out	Unexpected start-up, Unouthorise access	4A		2M	



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15. Disposal of Waste	Waste build-up, Fire mazards	2M		1L	



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### **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: <a href="https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws">https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws</a> Codes of Practice QLD: <a href="https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice">https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws</a> Codes of Practice QLD: <a href="https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice">https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice</a>

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/legislati

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

### **Northern Territory**

Work Health and Safety (National Uniform Legislation) Act 2011

Work Health and Safety (National Uniform Legislation) Regulation 201

Legislation NT: https://worksafe.nt.gov.au/laws-and-compliance/wo\_place-syllaws

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: <a href="https://www.safework.sa.gov.au/resources/legislation">https://www.safework.sa.gov.au/resources/legislation</a>

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 affety gulations 2017

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

<u>qulat.</u>

des on actice VIC attps://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: <a href="https://www.commerce.wa.gov.au/worksafe/legislation">https://www.commerce.wa.gov.au/worksafe/legislation</a>

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	Pos	sition	Signature	Date	Time	Supe	ervisor
				Date:			
				Date			
				L te:			
				Date:			
				Date:			
				Date:			
				Date:			
		SAF WO A	STATEMENT	MONITORING AND R	EVIEW		
The SWMS must be reviewed regularly to rake sure it remains effective and must be reviewed (and revised if necessary) if relevant control measure are subcontract as the review process should be carried out in consultation with workers (including contractors are subcontract as) who may be affected by the operation of the SWMS and their health and safety representatives who redesented that work group at the workplace.  When the SWMS has been revised the PCBU must ensure that all persons involved with the work are 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 result of the review are advised of the changes in a way that will enable them to implement their duties consistently with the revised SWMS. All workers that will be involved in the work must be provided with the relevant information and instruction that will assist them to understand and implement the revised SWMS.				effective in reducing the person responsible for memploy a multi-faceted and spot Checks.  2. Consultation of 3. Internal audits  An approach of continuo followed up by immediate	enitored regularly for the erisk of incidents, keeping the onitoring the effectiveness pproach which includes but with workers, contractors are on a continual basis.  The properties of the entire of	ne workplace safe for all of the Safe Work Method tis not limited to:  and sub-contractors.  recording inconsistencia sultation with all relevan	personnel. The od Statement should state
REVIEW NUMBER	□ 1	□ 2	□ 3	<u></u> 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	TO BE DONE	COMMENTS
The company details have been entered, including the project name and address.			
Names and signatures of all relevant personnel consulted during the development of the SWMS.		P A	
Name, signature, position and date signed of the person approving the SWMS.			
Specific personnel and qualifications, experience is noted in the SWMS.	P		
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 SWI			
SWMS initial risk (IR) column as well as residual risk (RR) columns completed.			
Check control measures added to the SWMS are the most effecting sections.			
Responsible person is assigned and listed on the SWMS for the imperent of contameasures.			
Permit requirements specified, such as Hot Work, Electrical Work, Vorat Heights etc.			
SWMS identifies plant and equipment to be u d.			
Details of inspection checks required for any equipment listed at noted on the SWMS.			
Describes any mandatory qualifications, experience raining skills required to perform the work.			
Applicable personal protective equipment is selected on the SWMS.			
Lists any required permits or licenses.			
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 R	EVIEWED	
SIGNATURE	DATE CC	MPLETED	