

Bottle Capping Machine | SAFE WORK METHOD STATEMENT (SWMS)

TASK OR ACTIVITY: Bottle Capping Machine

Business Name: [Company Name]

ABN: [ABN]

SWMS#

Business Address: [Company Address]

Contact Person:

Phone: [Phone]

Email:

THIS SAFE WORK METHOD STATEMENT IS APPROVED BY THE PCBU OF THE PROJECT

Under the Work Health and Safety Regulation (WHS Regulation), a person conducting a business or undertaking (PCBU) is required to ensure that a safe work method statement (SWMS) is prepared before the proposed work starts.

Full Name:

Signature:

Title:

Date:

Details of the person(s) responsible for ensuring implementation, monitoring and compliance of the SWMS, as well as reviews and modifications of the SWMS.

Full Name:

Title:

Phone:

ALL PERSONNEL PARTICIPATING IN ANY ACTIVITY ON THIS SWMS MUST HAVE THE FOLLOWING COMMUNICATED

NAME AND DATED SIGNATURE OF ALL RELEVANT PERSONNEL WHO HAVE BEEN CONSULTED AND COMMUNICATED TO IN THE DEVELOPMENT AND APPROVAL OF THIS SWMS

Safety meetings or toolbox talks will be scheduled in accordance with legislative requirements to first identify any site hazards, then to communicate those hazards and then to further take steps to either eliminate or control each hazard.

NAME

SIGNATURE

DATE

If an incident or a near miss occurs, all work must stop immediately. 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.

CLIENT OR PRINCIPAL CONTRACTOR DETAILS

Client:	SCOPE OF WORKS Provide a detailed description of the specific work being carried out (otherwise known as scope of works).
Project Name:	
Project Address:	
Project Manager:	
Contact Phone:	
Project Manager Signature:	
Date SWMS supplied to Project Manager:	

ANY HIGH-RISK CONSTRUCTION WORK BEING CARRIED OUT

<input type="checkbox"/> involves a risk of a person falling more than 2 meters.	<input type="checkbox"/> is carried out on or near pressurised gas mains or piping.
<input type="checkbox"/> is carried out on a telecommunication tower.	<input type="checkbox"/> is carried out on or near chemical, fuel or refrigerant lines.
<input type="checkbox"/> involves demolition of an element of a structure that is load-bearing.	<input type="checkbox"/> is carried out on or near energised electrical installations or services.
<input type="checkbox"/> involves demolition of an element related to the physical integrity of a structure.	<input type="checkbox"/> is carried out in an area that may have a contaminated or flammable atmosphere.
<input type="checkbox"/> involves, or is likely to involve, disturbing asbestos.	<input type="checkbox"/> involves tilt-up or precast concrete.
<input type="checkbox"/> involves structural alteration or repair that requires temporary support to prevent collapse.	<input type="checkbox"/> is carried out on, in or adjacent to a road, railway, shipping lane or other traffic corridor.
<input type="checkbox"/> is carried out in or near a confined space.	<input type="checkbox"/> is carried out in an area of a workplace where there is any movement of powered mobile plant.
<input type="checkbox"/> is carried out in/near a shaft or trench deeper than 1.5m or tunnel involving use of explosives.	<input type="checkbox"/> is carried out in areas with artificial extremes of temperature.
<input type="checkbox"/> is carried out in or near water or other liquid that involves a risk of drowning.	<input type="checkbox"/> involves diving work.

ANY HIGH-RISK MACHINERY OR EQUIPMENT NEARBY

<input type="checkbox"/> Forklift	<input type="checkbox"/> Crane/s	<input type="checkbox"/> Hoist/s	<input type="checkbox"/> Excavator	<input type="checkbox"/> Backhoe/Loader	<input type="checkbox"/> Boom Lift	<input type="checkbox"/> EWP	<input type="checkbox"/> Genie Lift
<input type="checkbox"/> Trencher	<input type="checkbox"/> Drilling Rig	<input type="checkbox"/> Trucks	<input type="checkbox"/> Formwork	<input type="checkbox"/> Bobcat	<input type="checkbox"/> Flammable Gas	<input type="checkbox"/> Fuel	<input type="checkbox"/> Dozer
<input type="checkbox"/> High Voltage	<input type="checkbox"/> Mulcher	<input type="checkbox"/> Tilt-up Panels	<input type="checkbox"/> Roller	<input type="checkbox"/> Scissor Lift	<input type="checkbox"/> Tractor	<input type="checkbox"/> Other -	

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			Elimination Remove the hazard.
LIKELY	2 MODERATE	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4A ACUTE	DO NOT PROCEED	Substitution Replace the hazard.
POSSIBLE	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	4 ACUTE	3H HIGH	Review before work starts.	Isolation Isolate People from the hazard
UNLIKELY	1 LOW	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	2M MODERATE	Ensure control measures in place.	Engineering Isolate the hazard.
RARE	1 LOW	1 LOW	2 MODERATE	3 HIGH	3 HIGH	1L LOW	Monitor and keep records	Administrative Change the work. PPE

Notes on Hierarchy of Controls: Elimination methods are the most effective and preferred when controlling a hazard. Substitution is the second most effective method of controlling a hazard. Engineering by isolation is the third most effective, while Administrative Controls by changing the work is the fourth most effective method. PPE (Personal Protective Equipment) is the least effective method.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

FOOT PROTECTION	HAND PROTECTION	HEAD PROTECTION	HEARING PROTECTION	EYE PROTECTION	RESPIRATORY PROTECTION	FACE PROTECTION	HIGH-VIS CLOTHING	PROTECTIVE CLOTHING	FALL PROTECTION	SUN PROTECTION	HAIR/JEWELLERY SECURED
											
<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"/>

Select the 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	Slip, trip and fall hazards, Lack of machine guarding	2M	<ul style="list-style-type: none"> - Ensure that the work area is clean and free from any obstacles, debris or spills to minimise slip, trip and fall hazards. - Inspect the floor for any cracks, uneven surfaces or obstacles which could pose a risk to workers' safety. - Clearly mark walkways and safe working areas to help guide worker movement around the bottle capping machine. - Provide adequate lighting in the workspace to ensure workers can easily spot potential hazards. - Hold regular toolbox talks and safety training sessions to educate workers on proper procedures, hazard identification and injury prevention related to the bottle capping machine. - Install appropriate machine guarding to cover moving parts, pinch points and other hazardous areas of the bottle capping machine to prevent worker injuries. - Implement lockout/tagout procedures on the bottle capping machine to ensure that machinery cannot accidentally be restarted during maintenance, cleaning or other tasks that require direct interaction with the machine. - Provide non-slip footwear for all workers, ensuring it is comfortable and properly fits each employee to reduce the risk of slipping on wet or slippery surfaces. - Conduct regular risk assessments to inspect and verify the effectiveness of implemented control measures and identify additional hazards that may arise during the process. - Encourage workers to report any potentially hazardous conditions they observe immediately to management, allowing for quick action to rectify the problem. - Supply workers with the proper personal protective equipment (PPE) - such as gloves, safety shoes, and protective eyewear - relevant to their role when working with or around the bottle capping machine. - Perform routine maintenance and inspection of the bottle capping machine to ensure it's in optimal working condition, reducing the risk of malfunctions that could lead to hazards or accidents. - Establish an emergency response plan for the workspace, outlining the designated meeting point, escape routes, and first aid provision in case of any accidents involving the bottle capping machine or other equipment within the work area. 	1L	
2. Bottle Feed	Crushing hazards, Pinch points	3H	<ul style="list-style-type: none"> - Implement regular maintenance of the bottle capping machine, which includes inspection checks for all moving parts to ensure they are functioning correctly and securely. - Provide workers with thorough training on proper handling techniques to prevent personal injury due to crushing hazards and pinch points while feeding the bottles onto the machine. 	2M	

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			<ul style="list-style-type: none"> - Install and maintain appropriate safeguarding mechanisms such as guards, light curtains, or pressure-sensitive mats that cover pinch points and create a safe barrier between the worker and the hazard. - Encourage workers to wear appropriate personal protective equipment (PPE) such as gloves and safety glasses to minimise the risk of injury during bottle feeding tasks. - Require employees to report any loose, damaged or ill-fitting parts of the machinery immediately, in order to prevent malfunctions that may lead to crushing hazards or pinch point injuries. - Ensure clear communication among workers involved in the bottling process to avoid surprises or intentional actions which might lead to accidents due to crushing hazards and pinch points. - Designate specific areas around the machine where workers are safely able to feed bottles into the equipment to keep them clear from hazardous areas. - Develop and implement a formal lockout/tagout procedure to disable the machine during cleaning, maintenance, or repair activities, preventing accidental restarts that could pose risks to workers. - Display prominent signage and warning labels near the bottle capping machine to remind workers of the potential hazards associated with the equipment and advise them to take necessary precautions when working nearby. - Establish a system for regularly reviewing and updating standard operating procedures (SOPs) to ensure adequate controls are in place to prevent crushing hazards and pinch points from occurring during the bottle feeding process. - Employ ergonomic designs for workstations and tools used throughout the bottle feeding process, providing workers with the ability to complete their tasks without excessive force or strain resulting in exacerbated risk of injury. - Foster an open atmosphere within the workplace that encourages workers to report any concerns or suggestions regarding safety improvements, allowing management to address potential hazards in a proactive manner. 		
3. Inspection	Ergonomic strain, Poor lighting	2M	<ul style="list-style-type: none"> - Conduct a comprehensive risk assessment before starting the inspection process to identify potential hazards and determine appropriate control measures. - Provide workers with adequate training on proper ergonomic techniques, such as body mechanics and posture, to help minimise the risk of strain during the inspection process. - Ensure that workers take regular breaks, especially when they are performing repetitive tasks or those involving awkward postures for extended periods. - Utilise adjustable workstations, chairs, and equipment to accommodate different workers' heights and body sizes, promoting better ergonomics during inspection. 	1L	

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			<ul style="list-style-type: none"> - Encourage workers to rotate between different tasks to provide relief from repetitive motions and prevent ergonomic strain during the inspection process. - Regularly review and maintain the bottle capping machine for smooth and efficient operation, thereby reducing the chances of unexpected incidents that may lead to worker strain or injury. - Install and maintain suitable lighting in the inspection area, ensuring that there is sufficient illumination for workers to see clearly without straining their eyes. - Keep the inspection area clean and free of obstructions to reduce slip, trip, and fall hazards that may contribute to ergonomic strain. - Consider using mechanical aids/equipment, such as lift tables or conveyors, to minimise manual handling during the inspection process where feasible. - Implement job rotation schedules, particularly in instances where inspection is a significant portion of workers' daily activities, to help reduce workers' exposure to ergonomic strain over time. - Consult with an occupational health professional to develop and implement customised ergonomic solutions based on the specific needs of your workplace and the characteristics of the bottle capping machine. - Regularly evaluate and update the SWMS to ensure that it remains relevant and effective in addressing the identified hazards and implementing necessary control measures for the inspection of the bottle capping machine. 		
4. Machine Setup	Electrical hazards, Entanglement in moving parts	3H	<div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div>	2M	

JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR	RESPONSIBLE PERSON
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5. Caps Loading	Manual handling risks, Overexertion on personnel	2M		1L	

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			<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>		
6. Cap Placement	Repetitive motions, Pinch points	2M	<div></div> <div></div> <div></div> <div></div> <div></div>	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	NAME OF PERSON
			<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>		
8. Quality Check	Chemical exposure, Eye strain	2M	<div></div> <div></div>	1L	

SAMPLE

SAMPLE

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
			<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>		
10. Maintenance	Machinery malfunction, Electrical hazards	2M	<div></div> <div></div>	1L	

SAMPLE

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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	NAME OF PERSON
			<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>		
11. Clearing Jammed Bottles	Cutting hazards, Unanticipated machine start	3H	<div></div> <div></div>	2M	

SAMPLE

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 IF ANY STATE THAT 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>

Victoria

Occupational Health and Safety Act 2004

Occupational Health and Safety Regulations 2017

Legislation VIC: <https://www.worksafe.vic.gov.au/occupational-health-and-safety-act-and-regulations>

Codes of Practice VIC: <https://www.worksafe.vic.gov.au/compliance-codes-and-codes-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/legislation>

Codes of Practice NSW: <https://www.safework.nsw.gov.au/resource-library/list-codes-of-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>

Northern Territory

Work Health and Safety (National Uniform Legislation) Act 2011

Work Health and Safety (National Uniform Legislation) Regulations 2011

Legislation NT: <https://worksafe.nt.gov.au/laws-and-compliance/workplace-safety-laws>

Codes of Practice NT: <https://worksafe.nt.gov.au/laws-and-compliance/codes-of-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

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/legislation>

Codes of Practice for SA: <https://www.safework.sa.gov.au/workplaces/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.

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	Position	Signature	Date	Time	Supervisor
			Date:		
			Date:		
			Date:		
			Date:		
			Date:		
			Date:		
			Date:		

SAFE WORK METHOD STATEMENT MONITORING AND REVIEW

The SWMS must be reviewed regularly to make sure it remains effective and must be reviewed (and revised if necessary) if relevant control measures are needed. 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 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.

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:

1. 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
NAME							
INITIALS							
DATE							

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.	<input type="checkbox"/>	<input type="checkbox"/>	
Names and signatures of all relevant personnel consulted during the development of the SWMS.	<input type="checkbox"/>	<input type="checkbox"/>	
Name, signature, position and date signed of the person approving the SWMS.	<input type="checkbox"/>	<input type="checkbox"/>	
Specific personnel and qualifications, experience is noted in the SWMS.	<input type="checkbox"/>	<input type="checkbox"/>	
Provides a step-by-step process of tasks required to carry out the activity or task.	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate risk assessment of any identified hazards has been completed.	<input type="checkbox"/>	<input type="checkbox"/>	
Foreseeable hazards are identified and documented for each step.	<input type="checkbox"/>	<input type="checkbox"/>	
Any hazards listed in any site risk assessments have been added to the SWMS.	<input type="checkbox"/>	<input type="checkbox"/>	
SWMS initial risk (IR) column as well as residual risk (RR) columns completed.	<input type="checkbox"/>	<input type="checkbox"/>	
Check control measures added to the SWMS are the most effective solutions.	<input type="checkbox"/>	<input type="checkbox"/>	
Responsible person is assigned and listed on the SWMS for the implementation of control measures.	<input type="checkbox"/>	<input type="checkbox"/>	
Permit requirements specified, such as Hot Work, Electrical Work, Work at Heights etc.	<input type="checkbox"/>	<input type="checkbox"/>	
SWMS identifies plant and equipment to be used.	<input type="checkbox"/>	<input type="checkbox"/>	
Details of inspection checks required for any equipment listed are noted on the SWMS.	<input type="checkbox"/>	<input type="checkbox"/>	
Describes any mandatory qualifications, experience, training, skills required to perform the work.	<input type="checkbox"/>	<input type="checkbox"/>	
Applicable personal protective equipment is selected on the SWMS.	<input type="checkbox"/>	<input type="checkbox"/>	
Lists any required permits or licenses.	<input type="checkbox"/>	<input type="checkbox"/>	
Reflects and documents any legislative references and/or Australian Standards.	<input type="checkbox"/>	<input type="checkbox"/>	
Identifies any hazardous substances used with specific control measures in line with any SDS.	<input type="checkbox"/>	<input type="checkbox"/>	
REVIEWED BY		DATE REVIEWED	
SIGNATURE		DATE COMPLETED	