CO2 Laser Cutter	SAFE WORK METHOD ST	ATEMENT (SWMS)							
Т	ASK OR ACTIVITY: CO2 Laser Cu	tter							
Business Name: [Company Name]		ABN: [ABN]	SWMS#						
Business Address: [Company Address]									
Contact Person:	Phone: [Phone]	E pil:							
Business Address: [Company Address]         Contact Person:       Phone: [Phone]       E. til:         THIS SAFE WORK METHOD STATEMENT IS APPROVED BY THE P. J. OF THE PROJECT         Under the Work Health and Safety Regulation (WHS Regulation), a person conducting a business or undertaking (h, til) is required to surproved as asfe work method statement (SWMS) is prepared before the work starts.         Full Name:       Title:       Date:         Signature:       Date:       Date:         Details of the person(s) responsible for ensuring implementation, monitoring as icompliance of the SWMS. well as reviews and modifications of the SWMS.       Title:       Phone:         Full Name:       Title:       Phone:       None:         Signature:       Date:       Date:       Date:         Details of the person(s) responsible for ensuring implementation, monitoring as icompliance of the SWMS.       Title:       Phone:         Full Name:       Title:       Phone:       None:       None:         Safety meetings or tootbox talks will be schede at in accordance with, rejustive requirements of toric loft it derifty my site hazards.       NAME       SIGNATURE OF ALL RELEVANT PERSONNEL WHO HAVE BEEN CONSULTED AND Content of a near miss occurs, all work must ble called win all workers to armeding on the soverity of the incident, a meeting will be called win all workers to armeding on the soverity of the incident, a meeting will be called win all workers to armeding on the soverity of the incident, a meeting will									
	icting a business or undertaking (I BU) is	required to ture at 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 and compliance of the SWMS well as reviews and modifications of the SWMS.									
Full Name:		Title:	Phone:						
	N TE AND DATED SIGNATURE OF A CO. MUNICATED TO IN THE DEVELO	LL RELEVANT PERSONNEL WHO HAVE B OPMENT AND APPROVAL OF THIS SWMS	EEN CONSULTED AND						
requirements to first identify any site hazards, conduction those	NAME	SIGNATURE	DATE						
on the severity of the incident, a meeting will be called with all workers to amend									
Instruction       ABN: (ABN]       SWMS#         Instructions       Phone: [Phone]       Exail:         THIS SAFE WORK METHOD STATEMENT IS APPROVED BY THE PLOY OF THE PROJECT         OPTIME SAFE WORK METHOD STATEMENT IS APPROVED BY THE PLOY OF THE PROJECT         OPTIME SAFE WORK METHOD STATEMENT IS APPROVED BY THE PLOY OF THE PROJECT         OPTIME SAFE WORK METHOD STATEMENT IS APPROVED BY THE PLOY OF THE PROJECT         OPTIME SAFE WORK METHOD STATEMENT IS APPROVED BY THE PLOY OF THE PROJECT         OPTIME SAFE WORK METHOD STATEMENT IS APPROVED BY THE PLOY OF THE PROJECT         Intel Safe Work Health and Safely Regulation), a person conducting a business or undertaking (h, QU) is required to wurd at a safe work method work method by is propared before proposed work stats.         Intel Safe Work Health and Safely Regulation (WHS Regulation, a person conducting a business or undertaking (h, QU) is required to wurd at a safe work method SWMS) is propared before proposed work stats.         Intel Safe Work Health and Safely Regulation (WHS Regulation, a person conducting a business or undertaking (h, QU) is required to wurd at a safe work method SWMS.         Intel Safe Participantian (WHS Regulation, a person conducting at work well as reviews and modifications of the SWMS.         Intel Safe Participantian (WHS Regulation, a person conducting bis head of conducting bis hea									
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						
Project Name:							rk being carried out (otherwise				
Project Address:				k	nown as scope of works).						
Project Manager:											
Contact Phone:											
Project Manager	Signature:										
Date SWMS supp	olied to Project Manag	er:									
		ANY HIG	H-RISK CON JUCI	N. JRK BEING	ARRIED OUT						
involves a risk of	a person falling more than	2 meters.		is carried out on or	near pressurised gas main	s or piping.					
is carried out on a	a telecommunication tower.			☐ is carried out on or near chemical, fuel or refrigerant lines.							
involves demolition	on of an element of a struct	ure that is load-be		☐ is carried out on or near energised electrical installations or services.							
involves demolition	on of an element related to	the physical integrit of a s	17 e.	is carried out in an area that may have a contaminated or flammable atmosphere.							
involves, or is like	ely to involve, disturbing a	estos.		involves tilt-up or precast concrete.							
involves structura	al alteration or repair that re	mporal upp to	prevent collapse.	is carried out on, in or adjacent to a road, railway, shipping lane or other traffic corridor.							
is carried out in o	r 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/n	ear a shaft or trench deepe	er than 1.5m or tunnel involv	ving use of explosives.	is carried out in areas with artificial extremes of temperature.							
is carried out in o	r near water or other liquid	that involves a risk of drow	ning.	involves diving wo	k.						
		ANY	HIGH-RISK MACHINE	RY OR EQUIPMENT	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 -					







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 setup, Improper handling of transmaterials	2M	<ul> <li>Training and induction: Ensure all operators are adequately trained and have a clear understanding of the CO2 Laser Cutter's operation as well as workplace health and safety protocols. This includes any specialis unetup requirements and material handling procedures.</li> <li>Manufacturer guidelines adherence: Follo the manuful other's guidelines and recommendations for setting up, operating, aroma is using the CO2 Laser Cutter. This will help prevent incorrect setup and poten unazards associated with improper equipment use.</li> <li>Pre-start inspection: Conduct prough pre-start inspectives to ensure the machine is correctly set up and poten in the same to be equipment use.</li> <li>Pre-start inspection: Conduct prough pre-start increments to ensure the machine is correctly set up and of the top and its provide the set of the same the equipment of the typ of of the gravity and the correct installation of peripheral devices.</li> <li>Provide and the typ of of the transfer the necessary personal protective equipment (PPE) that ed, and he potential hazards associated with CO2 Laser cutting. This will remed the arators of the risks involved and encourage safe practices.</li> <li>Use of porolyting PP-All staff members should be equipped with suitable PPE that as firety gases, gloves, and ear protection while working with the CO2 Laser Cutter or undling materials in proximity to the machine.</li> <li>Materian andling tools and equipment: Utilise suitable material handling risks and peoint such as trolleys and lifting aids to minimise manual handling risks and peoint safe transportation of materials: Store materials in designated areas away from aisles, doorways, or other high-traffic zones to reduce the likelihood of tripping or other accidents. Maintain an organised workspace and ensure that materials are properly secured to prevent toppling or unintended movement.</li> <li>Effective communication and supervision: Maintain open lines of communication among team members to share information about potential h</li></ul>	1L	
2. Equipment inspection	Laser malfunction, Electrical hazard	ЗН	- Ensure all operators have received adequate training in equipment handling, maintenance, and emergency procedures for the CO2 laser cutter.	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
			- Prior to use, inspect the laser cutter for signs of wear or damage, including any cracks, broken or loose parts, and potential electrical hazards.		
			- Check the laser cutting system's grounding to correct proper electrical connections and prevent potential short circuits or electrocrect.		
			- Test the laser cutter's emergency stop but in and other fety features to ensure they are functioning correctly.		
			- Examine the laser cutting area for obstructions and ammable moterials to avoid accidental fires or blockages, using operation.		
			- Properly clean the CO2 laser ter's lens and mirner over each use to maintain optimal laser performance and memoise the risk of manunction.		
			- Perform round e maintenance check according to the manufacturer's guidelines for the CO2 lase. Itter, ensuing all comparisons are in good condition.		
			- Utiling lockou, and procedure when performing maintenance or repairs on the laser of the to avoid occidental activation or exposure to electrical hazards.		
			- Imple and monitor a system to continuously check the temperature, ventilation, and air chality, the last cutting area, reducing the likelihood of overheating and sociated main retions.		
	1		- Sch. but regular inspections by certified technicians to identify and address any afety compares or potential hazards with the laser cutting equipment.		
			- courage open communication among operators regarding safety concerns, near- miss incidents, or observed hazards related to the CO2 laser cutter so that these issues can be promptly addressed.		
	6		<ul> <li>Continuously update safety protocols, guidelines, and operator training based on new industry advancements, regulatory changes, and lessons learned from past incidents, helping to minimise risks associated with equipment inspection and use.</li> </ul>		
			<ul> <li>Clearly mark the machine's power switch and emergency shut-off button to ensure workers know where they are located and can quickly and easily turn off the machine in case of unintended activation.</li> </ul>		
			<ul> <li>Ensure workers receive thorough training on the machinery's safe use, maintenance procedures, and emergency stop controls.</li> </ul>		
3. Machine start-up	Unintended activation, Sudden equipment failure	2M	<ul> <li>Implement safety interlocks or guarding devices to prevent access to the laser cutting area when the machine is running, reducing the risk of unintended activation.</li> </ul>	1L	
			- Make sure that all workers using the CO2 Laser Cutter wear appropriate PPE, such as safety glasses, to protect them from potential hazards associated with sudden equipment failure.		
			- Develop a regular maintenance schedule for the laser cutter to ensure the timely replacement of worn-out parts and reduce the risk of sudden equipment failure.		



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
			<ul> <li>Routinely test the machine's safety functions and interlocks to ensure they're functioning properly and will prevent unintended activation.</li> </ul>		
			- Enforce a clean work environment to reduce the transmood of debris impacting the machine's performance, which could lead to support en equipment failure.		
			- Verify that the proper ventilation system is place and the ctioning well to clear the workspace of harmful fumes and contaminal.		
			- Provide a clear line of sight around the laser control allow worthers to visually assess its operation and not, any irregularities, mptly.		
			- Establish a designated start-u, and shut-down provide to ensure that workers follow the correct start, wimisit, wisks during machine operation.		
			- Encourage makers to impediately port arressues or abnormalities they notice during operate making in ore likely of prential hazards are identified and addressed early.		
			- Forb h ceplay distractions in the working area to maintain focus on the safe operation of the machine and reduce the risk of unintended activation.		
			- Require that the trainer and authorised workers operate the CO2 Laser Cutter to arantee they familiar with the proper safety measures and precautions.		
	S				
4. Cutting process	Fire hazard, Toxic fumes release	ЗH		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	NAME OF PERSON
5. Material repositioning	Manual handling injuries, Entanglement hazards	2М		1L	



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
6. Adjust settings	Unauthorised changes, Accidental parameter change	2М		1L	

Date of Issue:



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
7. Monitoring and supervision	Inadequate supervision, Lack of communication	2M		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
8. Emergency shutdown	Failure to shut down immediately, Panic actions	3H		2M	



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



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
9. Regular maintenance	Exposure to hazardous components, Slips or trips	21		1L	



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
10. Waste disposal	Release of toxic su stances, Incorrect disposal methods	2M		1L	



Date of Issue:



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
11. Post-operation clean-up	Exposure to cleaning characteris, Sharps injuries			1L	



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
12. Equipment storage	Improper storage conditions, Space constraints	21		1L	



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				
	S								



#### **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 F	REFERENCES					
RELEVANT LEGISLATION AND CODES OF PRACTICE. DELETE THE LEGISLATIVE REFERENCES ANY STATE AT ARE NOT APPLICABLE						
Queensland & Australian Capital Territory Work Health and Safety Act 2011 Work Health and Safety Regulations 2011 Legislation QLD: <u>https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws</u> Codes of Practice QLD: <u>https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice</u> Legislation ACT: <u>https://www.worksafe.act.gov.au/laws-and-compliance/codes-of-practice</u> Codes of Practice ACT: <u>https://www.worksafe.act.gov.au/laws-and-compliance/codes-of-practice</u>	Victoria Octupational Health an Safety Acta 04 Octupational Health and onfety regulations 2017 Legistron VIC: <u>https://www.worksafe.vic.gov.au/occupational-health-and-safety-act-and- gulatupes</u> Codes of mactice VIC <u>attps://www.worksafe.vic.gov.au/compliance-codes-and-codes-practice</u>					
New South Wales Work Health and Safety Act 2011 Work Health and Safety Regulations 2017 Legislation NSW: <u>https://www.safework.nsw.gov.au/legal-obligations/legislations/legis</u>	Western Australia Work Health and Safety Act 2020 Work Health and Safety Regulations 2022 Legislation Western Australia: <u>https://www.commerce.wa.gov.au/worksafe/legislation</u> Codes of Practice WA: <u>https://www.commerce.wa.gov.au/worksafe/codes-practice</u>					
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/workplace-serve-laws Codes of Practice NT: https://worksafe.nt.gov.au/formed-compliance/workplace-serve-laws Codes of Practice NT: https://worksafe.nt.gov.au/formed-compliance/workplace-serve-laws NT: https://workplace-serve-laws NT: https://worksafe.nt.gov.au/formed-compliance/workplace-serve-	Safe Work Australia Links Law and Regulation (All States): <u>https://www.safeworkaustralia.gov.au/law-and-regulation</u> Model Codes of Practice: <u>https://www.safeworkaustralia.gov.au/resources-publications/model- codes-of-practice</u>					
South Australia Work Health and Safety Act 2012 (SA) Work Health and Safety Regulations 2012 (SA) Legislation for SA: <u>https://www.safework.sa.gov.au/resources/legislation</u> Codes of Practice for SA: <u>https://www.safework.sa.gov.au/work_saces/codes-of-practice#COPs</u>	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					
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: <a href="https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice">https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice</a> Codes of Practice for TAS: <a href="https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice">https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice</a>	<ul> <li>First aid in the workplace</li> <li>Managing the risk of falls at workplaces</li> <li>Hazardous manual tasks</li> <li>Managing the risk of falls in housing construction</li> <li>Managing electrical risks in the workplace</li> <li>Demolition work</li> <li>Excavation work</li> </ul>					
Details of permits, licenses or access required by regulatory bodies (add or delete as required): - Permits from local council - Authorisation to commence work	<ul> <li>Work health and safety consultation, cooperation and coordination</li> <li>Managing the work environment and facilities</li> <li>How to manage work health and safety risks</li> <li>Managing risks of plant in the workplace</li> <li>Construction work</li> </ul>					

- 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:		
			Datu		
			ı te:		
			Date:		

#### SAF WC A STHUD STATEMENT MONITORING AND REVIEW

The SWMS must be reviewed regularly to revised if necessary) if relevant control measure are subcontract of the SWMS and their health and safety representatives who reworkplace.

ke sure it remains effective and must be reviewed (and acception of the process should be carried out in s any subcontract s) who may be affected by the operation esentatives who recented that work group at the

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	1	2	3	4	5	6	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.			
Names and signatures of all relevant personnel consulted during the development of the SWMS.		P	
Name, signature, position and date signed of the person approving the SWMS.			
Specific personnel and qualifications, experience is noted in the SWMS.			
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 SWh			
SWMS initial risk (IR) column as well as residual risk (RR) columns completed.			
Check control measures added to the SWMS are the most effectine sections.			
Responsible person is assigned and listed on the SWMS for the impement of continue measures.			
Permit requirements specified, such as Hot Work, Electrical Work, Vortat Heights etc.			
SWMS identifies plant and equipment to be up t.			
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 RI	EVIEWED	
SIGNATURE	DATE CO	MPLETED	