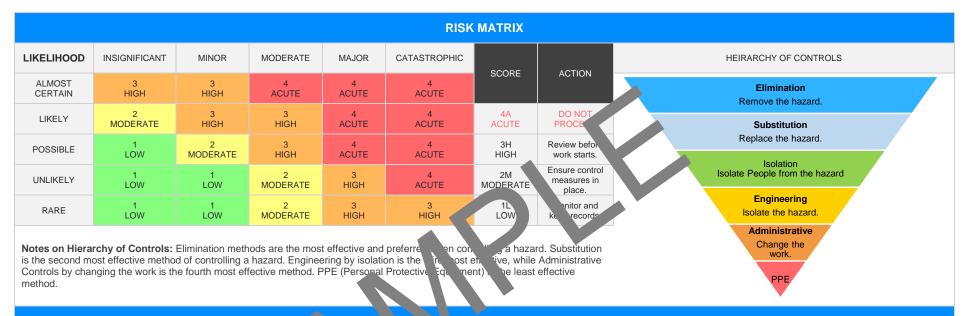


Dishwasher   SA	AFE WORK METHOD STAT	EMENT (SWMS)	
	TASK OR ACTIVITY: Dishwasher		
Business Name: [Company Name]		ABN: [ABN]	SWMS#
Business Address: [Company Address]			
Contact Person:	Phone: [Phone]	E jil:	
THIS SAFE WORK METHOD	STATEMENT IS APPROVED BY 1	THE PL OF THE PROJECT	
Under the Work Health and Safety Regulation (WHS Regulation), a person conduct the proposed work starts.	eting a business or undertaking (N 3U) is	required to ture 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 conditionally as a condition of the conditions are conditionally as a condition of the condition of the conditions are conditionally as a condition of the conditi	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.			



		CLI	ENT OR PRINCIPAL	CONTRACTOR D	ETAILS		
Client:						SCOPE OF WORKS	
Project Name:					Provide a detailed description	n 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	s or piping.	
☐ involves a risk of a person falling more than 2 meters. ☐ is carried out on a telecommunication tower.			M + M	is carried out on	or near chemical, fuel or refrig	erant lines.	
				is carried out on	or near energised electrical in	stallations or services.	
☐ involves demolition o	f an element related to the	physical integrit of a str	3.	is carried out in a	an area that may have a conta	minated or flammable atmo	osphere.
☐ involves, or is likely to	o involve, disturbing a	tos.		☐ involves tilt-up or	r 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, railwa	ay, shipping lane or other to	raffic corridor.
is carried out in or ne	ar a confined space.			is carried out in a	an area of a workplace where t	here is any movement of p	owered 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 -	





### 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	Trip hazards, Electrical hazards	2M	<ul> <li>Organise the workspace to keep it free from clutter and unnecessary objects that may cause trips or falls.</li> <li>Clearly label areas where electrical cords are usent, ensuring they are kept away from walkways to prevent tripping hazards.</li> <li>Conduct thorough equipment inspections to centify a potential faults, wear, or damage before starting work operations.</li> <li>Use appropriate personal practive equipment are 2E) - for cample, non-slip shoes or gloves - to minimise the risk is slips, trips, and environ on.</li> <li>Keep a clear path about the distriction of the property of the</li></ul>	1L	
2. Loading Dishes	Sharp objects, Dish breakages	2M	<ul> <li>Proper training: Ensure all staff responsible for loading dishes receive proper training in handling sharp objects and fragile items to minimise the risk of injury and breakages.</li> <li>Protective gloves: Provide suitable protective gloves for workers handling sharp objects, such as knives and broken glass, in order to prevent cuts and scratches.</li> <li>Use of trays or tubs: Encourage workers to place dishes on trays or in tubs before loading them into the dishwasher, reducing direct contact with potentially hazardous items.</li> </ul>	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
			<ul> <li>Safe dish placement: Instruct workers to place sharp objects with the pointy end facing downwards in designated compartments or utensil baskets to avoid accidental injury.</li> <li>Clear and visible warning signs: Display signs or emind staff of potential hazards associated with their task, reinforcing safe to a practices and increasing overall awareness.</li> <li>Regular equipment inspection: Conduct routing pactions and maintenance of the dishwasher and its accessories, ensuring that an atamaged or confluentioning parts are replaced promptly.</li> <li>Establishing a clear distation Encourage employers to maintain a tidy workspace by properly clearing use pills and distrosing of broken dishes and glassware increasing and the pills and distrosing of broken dishes and glassware increasing and the pills and distrosing of broken dishes and glassware increasing and the pills and distrosing of broken dishes and glassware increasing and the pills and distrosing of broken dishes and glassware increasing the pills and distrosing of broken dishes and glassware increasing and the pills and distrosing of broken dishes and glassware increasing the pills and distrosing of broken dishes and glassware increasing and the pills and distrosing of broken dishes and glassware increasing and provide open communication by encountering the pills and distrosing of broken dishes and glassware increasing and provide open communication by encountering the pills and distrosing of broken dishes and glassware increasing and provide open communication by encountering the pills and distrosing of broken dishes and glassware increasing and pills and distrosing and pills and distrosing of broken dishes, reviewing and updating the Safe Work Method Statement (SWMS) as necessary to ensure compliance with current regulations and best practice guidelines.</li> <li>By implementing these control measures, we aim to create a safer working environment for staff members involved in the loading of dishes, minimising associated risks and protecting</li></ul>		
3. Handling Detergents	Chemical hazards, Skin allergies	2M	<ul> <li>Proper training: Ensure all workers handling detergents are provided with adequate instructions on proper techniques, hazards and safety measures.</li> <li>Personal Protective Equipment (PPE): Provide appropriate PPE such as gloves, goggles, and aprons for the workers while handling detergents to prevent direct contact with skin and eyes.</li> <li>Material Safety Data Sheets (MSDS): Display MSDS for the detergents being used in a visible location so that all workers are aware of the chemicals, potential hazards, and first aid measures.</li> <li>Appropriate storage: Store detergent containers in a cool, dry, well-ventilated area away from direct sunlight and food items. Ensure containers are sealed properly to prevent accidental spills.</li> </ul>	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
			- Correct labelling: Verify that all detergent containers are clearly labelled with product name, manufacturer details, and hazard warnings in line with Safe Work Australia requirements.		
			- Dilution guidance: Follow the manufacturer's caelines for diluting the detergent and do not mix with other chemicals unless ceified.		
			- Preventing splash risks: Use a funnel or apportant coasuring cups to pour detergents into machines or sinks, reducing the coasuring and related injuries.		
			- Maintain good housekeepil. Keep the workspace clean are ree of clutter to minimise the likelihood of spills as and accidents.		
			- Proper disposal: The sumpty stergent containers following local regulations. Prevent the mining of incompatible strances ensure material compatibility for safe waste disposal.		
			- Har vigiene ncoving frequent have washing or provide hand sanitiser for works to han the elegents regularly, minimising the risk of skin allergies and irritation		
			- Emergincy contain ation facilities: Install eye wash stations and/or showers close to lie with area in case of chemical splashes or exposure.		
			- reaction aining provide first aid training for workers to be able to respond to incide volving exposure to detergents or related allergies.		
			eport incidents: Encourage employees to report any adverse reactions or sy toms from handling detergents so that appropriate medical attention can be sought and preventative measures can be implemented.		
4. Turning on Dishwasher	Electrical hazards, Water leaks	2M		1L	
Disnwasher					



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
5. Monitoring Dishwashing Cycle	Slippery surfaces, Steam burns	2M		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. Unloading Dishes	Manual handling injuries, Fror surfaces, Glass shattering	ЗН		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
7. Cleaning Filters	Confined spaces, Sharp objects	2M		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
8. Hand-washing Oversized Items	Manual handling injuries, Slippery surfaces	2M		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
9. Draining Dishwasher	Scalding water haz the way surfaces	≥M		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. Cleaning Dishwasher Exterior	Cleaning chemical exposure, Wet surfaces	2M		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
11. Inspecting Equipment (Routine Maintenance)	Faulty equipment, Caught-in injury risi			2M	
12. Waste Disposal	Manual handling injuries, Trip hazards	2M		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
13. Rinsing Floor Area	Mould growth, Slippery surfaces	2M		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
14. Storing Dishes	Manual handling injuries, Uneven stacks	2M		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
15. Reporting Incidents/Safety Concerns	Miscommunication risks, Delayed response actions	ЗН		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
	5				



### **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-

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\_lation

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.safe.vic.gov.au/occupational-health-and-safety-act-and-

<u>Julai.</u>

des on actice VI autros://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): <a href="https://www.safeworkaustralia.gov.au/law-and-regulation">https://www.safeworkaustralia.gov.au/law-and-regulation</a> Model Codes of Practice: <a href="https://www.safeworkaustralia.gov.au/resources-publications/model-codes-of-practice">https://www.safeworkaustralia.gov.au/resources-publications/model-codes-of-practice</a>

#### **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.

	Tollow any sale work instructions which are provided, and agrees to use all reisonal riotective Equipment where appropriate.								
Worker Name	Pos	sition	Signature	Date	Time	Sup	pervisor		
				Date:					
				_					
				Date					
				l te:					
			AV	Date:					
				Date:					
				Date:					
				Date:					
		SAF WO A S	THUD STATEMENT	MONITORING AND	REVIEW				
The SWMS must be review revised if necessary) if relevations consultation with workers (in of the SWMS and their healt workplace.  When the SWMS has been an advised that a revision has been who will need to change a way that will enable them the will be involved in the work in the survey.	ant control measu cluding contractors and subth and safety representatives revised the PCBU must ensive made and how they call ork procedure or system as to implement their duties contract be provided with the reliable contract.	contract s) who may be aff s who re esented that work are that all persons involved in access the revised SWMS a result of the review are accessistently with the revised SN	hould be carried out in ected by the operation group at the  with the work are including all persons this do the changes in MMS. All workers that	effective in reducing the person responsible for remploy a multi-faceted and the second secon	with workers, contractors as on a continual basis.  ous improvement, promptly te corrective action and continuation and conti	he workplace safe for a sof the Safe Work Met ut is not limited to: and sub-contractors.  recording inconsistent insultation with all relevant	all personnel. The hod Statement should statement should size or deficiencies, ant personnel ensures		
them to understand and imp					tently developing ever-imp				
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 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	