

Engraver   SAI	FE WORK METHOD STATE	MENT (SWMS)	
	TASK OR ACTIVITY: Engraver		
Business Name: [Company Name]		ABN: [ABN]	SWMS#
Business Address: [Company Address]			
Contact Person:	Phone: [Phone]	E fil:	
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 unical those hazards and then to further take steps to either the conditions of the conditions are or conditions.	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.			



	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.	`	$H \cap H$	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 -					





### 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 equipment, Inadequate lighting		<ul> <li>Proper Equipment Selection: Ensure that the engraving equipment is suitable for the type and size of the material being worked on, at yell as the intended design or pattern. Verify that the equipment chosen meets a safety requirements and guidelines.</li> <li>Regular Equipment Inspection: Conduct reams inspections of all engraving equipment to guarantee functionality and identicated and some definition of the proper engravity.</li> <li>Appropriate Training and Sr. Development: Process works with the necessary training to familiarise themselve with proper engravity anniques, safe handling of equipment, and uncounting or attends to be used in the process.</li> <li>Clear Work code: Maintains clean and organ and workspace, minimising clutter to avoid accident caused by apping on this ojects during the engraving process.</li> <li>Additional Elight of Process sufficient lighting is provided in the work area, allowing works in see the stalling adjustable lighting systems to cater to individual workers ore concess.</li> <li>Ergono ic Was stations: Set up ergonomic workstations, providing comfortable set and appropriate heights and angles to reduce muscle strain on workers while they so not ut detailed engraving tasks.</li> <li>Forrect Protective Gear: Encourage workers to wear necessary protective gear sating aggles or face shields to protect their eyes from debris or flying particles produced during the engraving process.</li> <li>Ventilation and Dust Extraction Systems: Implement adequate ventilation and dust extraction systems in the workplace to reduce the inhalation of harmful particles and maintain good air quality.</li> <li>Engraving Material Storage: Store engraving materials safely and securely, keeping them away from moisture and other environmental factors that might negatively impact their properties.</li> <li>Work Breaks: Encourage regular breaks for workers, allowing them to rest their eyes, stretch, and recuperate to ensure ongoing productivity and focus.</li> <li>Hazard Communication: Clearly c</li></ul>	1L	
2. Workspace Setup	Poor ergonomics, Electrical issues	3H		2M	



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			<ul> <li>Proper Ergonomic Training: Provide all workers with the necessary training on ergonomic principles and practices, enabling them to recognise proper postures and workspace arrangements for their comfort and efficiency while working at engraving stations.</li> <li>Workstation Design: Ensure that the work rough is designed to accommodate a comfortable posture for the employees, allowing them to reintain a neutral body position during the engraving process. This calcington adjustable chairs, non-slip mats, and appropriate work surface heights.</li> <li>Regular Breaks: Encourage apployees to take replay by a fact adjustable chairs, non-slip mats, and appropriate work surface heights.</li> <li>Regular Breaks: Encourage apployees to take replay by a fact and perform stretching exercises to help record the risk of music and etail disorders associated with repetitive motion of a static posture.</li> <li>Electrical Social Inspection Regular vinspectors wiring, electrical equipment, and outlets in the praving we space for a surface of damage or deterioration to mining the risk of lefe and issues.</li> <li>Grot a full Clip Interrupters (GFCIs): Install GFCIs in the work area to provide additional, a tectrion trainst electrical shock by detecting ground faults and quickly shutting off power in a read a hazard.</li> <li>Maintenince to Electrical Equipment: Ensure that all electrical equipment, makines and to a are properly maintained according to the manufacturer's record, an ations to reduce the risk of malfunctions or electrical failure.</li> <li>Ilutter-free Workspace: Keep the engraving workspace free from clutter and loose can be to minimise trip hazards and create a more focused environment for the workers.</li> <li>Emergency Stop Buttons: Equip the engraving machines with emergency stop buttons that can be quickly accessed in case of an emergency or malfunction, preventing potential accidents or electrical hazards.</li> <li>Personal Protective Equipment (PPE): Provide appropriate PPE, such as safety goggles a</li></ul>		
3. Material Handling	Manual handling injuries, Dropped materials	2M	<ul> <li>Proper Lifting Techniques: Train workers on proper lifting techniques, such as bending their knees, tightening their core muscles, and avoiding twisting movements when lifting heavy materials.</li> <li>Team Handling: For heavy and bulky objects that are difficult to handle by a single worker, two or more individuals should work together to share the load, reduce strain, and prevent dropped materials.</li> </ul>	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
			- Trolley/Handcart Use: Provide trolleys or handcarts for workers to transport heavy objects or multiple items at once, reducing the manual handling and potential risk of injuries.		
			- Regular Breaks: Ensure workers take regular caks during the day to rest and recover, decreasing the likelihood of fatigue cated accidents and injuries.		
			- Correct Equipment Storage: Store engraving materizes in an organised and easily accessible manner, preventing unnecessary storage or bending to reach objects and reducing manual handling risks.		
			- Personal Protective Equipme (PPE): Ensure PF and when necessary, including gloves, steel and book and back support to to protect against manual handling injuries and drop, of manuals.		
			- Workstation esign: Set pergonol wor ations so workers can complete tasks effectively and the minimum strain on the day, such as providing adjustable chairs and the light norm.		
			- Pre-transference and Warm-up: Encourage workers to perform light stretches and wand-up ctivities before commencing work to help prevent strain injuries and increase lexitoria.		
			Assess and review the specific risks associated with each task and leent appropriate controls based on the hierarchy of control measures.		
			Safe Macrial Storage: Provide safe storage areas for hazardous or fragile arials, reducing the risk of dropped materials and damage.		
			Communication and Coordination: Implement clear communication protocols among workers when handling materials, such as verbal coordination when team handling or signaling while using machinery for transportation.		
			- Continuous Improvement: Regularly evaluate and improve material handling processes, incorporating feedback from workers to ensure their well-being and create a safer working environment for all.		
4. Machine Operation	Equipment malfunction, Flying debris	4A		2M	



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SPECIFIC WORK STEPS	TAZARDS ITAT MAT ARISE	RISK	SPECIFIC MEASURES TO BE POT IN PEACE TO ELIMINATE OR CONTROL. THE RISKS	RISK	NAME OF PERSON



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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. Hand Engraving	Sharp tools, Repetitive metion injury	RISK 3H	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	1L	NAME OF PERSON



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6. Sandblasting	Eye damage, Breathing hazards	3r.		2M	



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7. Laser Engraving	Laser exposure, For hes from materials	ЗН		1L	



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8. Finishing Stage	Chemical exposure, Abrasion injuri	2M		1L	



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9. Quality Control	Poor visibility, Incorrect measurements	2M		1L	



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10. Assembly/Packaging	Strains and sprains, Pinch points	2M		1L	



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11. Labeling & Dispatch	Label misplacement, Heavy lifting	2M		1L	



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12. Equipment Maintenance	Electrical faults, Unauthorised maintenance	ЗН		2M	



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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: https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws

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: <a href="https://www.worksafe.act.gov.au/laws-and-compliance/acts-and-regulations">https://www.worksafe.act.gov.au/laws-and-compliance/acts-and-regulations</a>

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/legislative

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

#### **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/5

#### 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: <a href="https://www.safework.sa.gov.au/wor">https://www.safework.sa.gov.au/wor</a> 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.ksafe.vic.gov.au/occupational-health-and-safety-act-and-

<u>Julai.</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: https://www.commerce.wa.gov.au/worksafe/legislation

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

#### Safe Work Australia Links

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

#### **Model Codes of Practice**

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



#### SIGNATORIES OF THE SAFE WORK METHOD STATEMENT

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

Worker Name	Pos	sition	Signature	Date	Time	Supe	ervisor
				Date:			
				Date			
				L te:			
			AV	Date:			
				Date:			
				Date:			
				Date:			
		SAF WC A	STATEMENT	MONITORING AND R	EVIEW		
The SWMS must be reviewed regularly to reach the sure it remains effective and must be reviewed (and revised if necessary) if relevant control measurements and subcontractors and subcontractors and subcontractors and subcontractors) who may be affected by the operation of the SWMS and their health and safety representatives who resented 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	□ 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 P	
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 SWh			
SWMS initial risk (IR) column as well as residual risk (RR) columns completed.			
Check control measures added to the SWMS are the most effecting so tions.			
Responsible person is assigned and listed on the SWMS for the imperent of continue assures.			
Permit requirements specified, such as Hot Work, Veralt Heights etc.			
SWMS identifies plant and equipment to be u d.			
Details of inspection checks required for any equipment listed are 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.			
dentifies any hazardous substances used with specific control measures in line with any SDS.			
REVIEWED BY	DATE R	EVIEWED	
SIGNATURE	DATE CO	MPLETED	