

Funerals SAI	E WORK METHOD STATE	MENT (SWMS)	
	TASK OR ACTIVITY: Funerals		
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 PLOOF 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.			



		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.	
is carried out on a tel	ecommunication tower.	`	M + M	is carried out on	or near chemical, fuel or refrig	erant lines.	
☐ involves demolition o	f an element of a structure	that is load-be n.		is carried out on	or near energised electrical 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	Manual handling injuries, Exposure to infectious materials	2M	 Proper Manual Handling Training: Ensure all team members have received adequate training in manual handling techniques, as fell as periodic refresher courses to maintain best practices. Appropriate Personal Protective Equipment (PPE): Provide and enforce the use of suitable PPE such as gloves, face masks, an safety or pres when handling any potential sources of infectious materials. Ergonomic Equipment: Utilise appropriate equipment, such an olleys or lifting devices, to minimise manual hadding during the purple occess. Safe Work Procedure Revelound implement clear preparation occess. Team of this procedure revelound implement clear preparation procedures for workers to follous uning procedures for workers to assist in heaver the preparation process. Assessing and Page Inglement Strict workplace hygiene protocols, including hand warning and sanitizing stations for workers to use before, during, and after handling infectious materials. Infection Control Training: Regularly educate workers on proper infection control methods to minimise exposure to infectious materials during the preparation process. Risk Assessments: Conduct ongoing risk assessments for each working environment, identifying potential hazards and implementing necessary control measures. Incident Reporting and Monitoring: Establish a robust system for reporting and tracking incidents, enabling the identification of recurring issues or patterns and the implementation of corrective actions. Continuous Improvement and Re	1L	
2. Transportation	Vehicle accidents, Moving caskets	3H	Conduct a risk assessment to identify potential hazards and their corresponding control measures related to transportation during funerals. Provide training for all personnel involved in the transportation process, including proper handling and loading techniques for moving caskets.	2M	



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			- Maintain up-to-date vehicle maintenance records and ensure all vehicles are in safe working condition.		
			Develop clear communication protocols between overs, funeral directors, and other staff members involved in the transportation process to avoid misunderstandings or miscommunication.		
			- Implement a traffic management plan to regard to very emovements in and around the funeral site, minimising the risk of accident		
			- Ensure that all drivers have propriate licenses and qualifications required for operating the specific vehicle and in transporting to care at all drivers have propriate licenses.		
			- Utilise well-maint so or the equipment designed for safely transporting caskets, reducing the risk to nanual andling in thes.		
			- Strictly enforce a no-alconol and drug coolicy for drivers and other personnel involves in the cosporation process.		
			- Equipment - Equi		
			- Limit to specify of verices during transportation, especially when driving through sidentify areas or crowded locations, to minimise the risk of accidents.		
			- App or per securing methods when loading caskets onto the vehicle using straps, opes, or per restraining devices to prevent shifting or falling.		
			- ocate enough time for transportation to avoid rushing or driving recklessly, which calvincrease the risk of accidents.		
			- In case of inclement weather, ensure proper contingency plans are in place, such as using enclosed vehicles for transportation or delaying the funeral procession to minimise the risk of accidents.		
			- Conduct a comprehensive site inspection before setting up the venue to identify potential slip and trip hazards such as uneven surfaces, wet floors or loose cables.		
			- Implement proper housekeeping practices to maintain clear pathways during the event set-up, including promptly removing any debris or clutter from walkways.		
3. Setting up the venue	Slips and trips, Overstrained muscles from lifting equipment	2M	- Use appropriate cautionary signs to draw attention to areas of risk or any temporary hazards that arise due to the set-up process.	1L	
			- Ensure sufficient lighting is in place to allow workers and attendees to navigate the area safely, minimising the risk of slips, trips, and falls.		
			- Provide non-slip matting in wet or slippery areas to reduce the likelihood of incidents.		
			- Store equipment and materials at designated locations, free from access ways and work areas where they could cause injury.		



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			- Educate staff and volunteers on proper lifting techniques to avoid overstrained muscles when handling equipment. This may include bending at the knees, keeping loads close to the body, and avoiding twisting movements while lifting.		
			- Make use of lifting aids, trolleys or dollies as essary to move heavy items and minimise manual handling efforts.		
			- Assign tasks according to individual capable, s, entening that staff members with more experience and capacity handle heavier ment.		
			- Encourage staff to wear ap, priate PPE (Person Protection Equipment) such as gloves, safety boots, and high publication below the venue.		
		- Establish a budden your for life, and moving equipment to ensure no one is trying to lift her goods alt.	- Establish a budd for life and moving equipment to ensure no one is		
			- Schedule regar breaks a staff due set-up process to minimise fatigue and its import on the ability safely compose tasks.		
		- Deve and importent an incident reporting and investigation protocol, ensuring that are acceptable of the parameters of			
4. Participant management	Crowd control issues, Unmedical emergencies	2M		1L	



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5. Rituals and speeches	Electrical hazards, Public speaking stress	2M		1L	

Review Date:



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6. Burial or cremation	Grave digging safety, Crematorium hazards	ЗН		2M	



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7. Flowers and memorabilia placement	Allergies, Moving heavy flower arrangements	1L		1L	



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8. Reception and catering	Food hygiene risks, Allowactions	21		1L	



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EMERGENCY RESPONSE – CALL 000 FOR EMERGENCIES

Ensure to have an Emergency Management Plan in place as well as adequate numbers of trained first aid staff with easy access to fully stocked first aid kits, rescue equipment, material safety data sheets, adequate access to emergency communication equipment and fire-fighting equipment suitable for all classes of fire and ignition sources.

LEGISLATIVE REFERENCES

RELEVANT LEGISLATION AND CODES OF PRACTICE. DELETE THE LEGISLATIVE REFERENCES. ANY STATE OF AT ARE NOT APPLICABLE.

Queensland & Australian Capital Territory

Work Health and Safety Act 2011

Work Health and Safety Regulations 2011

 $\textbf{Legislation QLD:} \ \underline{\textbf{https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws}$

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

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 codes-of ractice NSW: https://www.safework.nsw.gov.au/resource-library/lis codes-of-ractice NSW

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/legislation

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 afety gulations 2017

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

Tulat

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: 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:				
				Date:				
				Date:				
				Date:				
				Date:				
		SAF WC A	STATEMENT	MONITORING AND R	EVIEW			
The SWMS must be reviewed regularly to revised if necessary) if relevant control measure and subscontract is reviewed (and revised if necessary) if relevant control measure and subscontract is review process should be carried out in consultation with workers (including contractors and subscontract is) who may be affected by the operation of the SWMS and their health and safety representatives who received 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 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 CO	MPLETED	