

Hydraulic Pruner	SAFE WORK METHOD ST	ATEMENT (SWMS)	
TA	SK OR ACTIVITY: Hydraulic Pru	ner	
Business Name: [Company Name]		ABN: [ABN]	SWMS#
Business Address: [Company Address]			
Contact Person:	Phone: [Phone]	E vil:	
THIS SAFE WORK METHOD	STATEMENT IS APPROVED BY	THE P. 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 WAS. 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 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.		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 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	Slips, falls from heights	2M	Conduct a comprehensive pre-project safety briefing for all team members, outlining the specific hazards related to this work steel and how they will be mitigated.  Designate a safe and clearly defined work sace within which the hydraulic pruner will be operating, marking it with visible barrors or waret a signs.  Ensure all operators and assisting personnel as and in the use of hydraulic pruning equipment, as well as any relevant stant and sand regulations for working at heights.  Inspect the hydraulic mater be see each use to ensurall components and features are in or a work, porder and meet required safety standards; repair or replace any force parts as a cessar.  Require all was ers inversed in the operation to wear appropriate personal protein equipments.  Require all was ers inversed in the operation to wear appropriate personal protein equipments.  Implement buddy astem where one worker operates the hydraulic pruner while another noning the wasing area and communicates any potential risks or hazards.  Inspect the following and the sets.  Implement allowed the wasing area and communicates any potential risks or hazards.  Sign to learnly is or wrist straps when using hand tools at height to reduce the risk after ped objects causing injury or damage below.  Establishastrict guidelines for proper lifting, loading, and storing of the hydraulic paper onto vehicles or trailers to minimise the risk of slips and falls during transportation.  Use scaffoldings, aerial lifts, or scissor lifts to provide stable and secure platforms for workers at height, following all prescribed safety procedures for these types of equipment.  Develop and implement an emergency response plan for both minor incidents and major accidents, including clear evacuation routes, emergency communication protocols, and first aid supplies.  Perform ongoing hazard assessments throughout the project, identifying and addressing new risks or changing conditions as they arise.  Encourage workers to report any near misses or observed unsafe practice	1L	
2. Pre-operation inspection	Crush injuries, hydraulic leaks	ЗН	- Train operators in conducting thorough pre-operation inspections to identify potential hazards and reduce the risk of crush injuries and hydraulic leaks.  - Implement a regular equipment maintenance schedule, ensuring that all components of the hydraulic pruner are inspected and serviced as per the manufacturer's recommendations.	2M	



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			<ul> <li>Equip operators with appropriate personal protective equipment (PPE) such as safety gloves, steel-toed boots, and high-visibility vests to minimise the risk of crush injuries during pre-operation inspections.</li> <li>Set designated inspection zones with clear six use and barriers to restrict unauthorised personnel from entering the attax, reducing the risk of accidental crush injuries.</li> <li>Encourage operators to apply the "two-person when inspecting the hydraulic pruner, with one person operating the controls are another proming visual confirmation of the equipment condition.</li> <li>Instruct operators to specify unlike hoses and consistions for signs of wear, damage, or leak requent a Replant damaged bases immediately to prevent potential hydrautic fluid lea</li> <li>Establish any ident remaining system concourage prompt reporting of any haza car accite its rated to the hydraulic pruner. Use this information to update SWM its halarly.</li> <li>Deverbeing regner, sponse plans and procedures to address situations involving crush in tries shydrautile leaks swiftly. Train all personnel in these plans to ensure repared ess in asse of emergencies.</li> <li>Encode a proper lockout/tagout procedure is in place and followed by operators luring the re-operation inspection. This will help prevent unintended equipment wement, reducing the risk of crush injuries.</li> <li>Unise inspection checklists during pre-operation checks to encourage consistent and comprehensive evaluations of the hydraulic pruner's condition, increasing the likelihood of detecting potential hazards.</li> <li>Hold regular safety meetings to discuss workplace health and safety matters, including the importance of thorough pre-operation inspections and hazard mitigation strategies. Encourage open communication among team members to promote a culture of safety at the worksite.</li> </ul>		
3. Operation setup	Entanglement with machinery, falling objects	ЗН	<ul> <li>Inspect and maintain all hydraulic pruning machinery before operation, ensuring that any loose or damaged parts are promptly repaired and replaced to help prevent entanglement.</li> <li>Properly train and educate workers on the safe operation of the hydraulic pruner, including awareness of possible hazards like falling branches and potential entanglements with machinery.</li> <li>Establish a designated work area around the pruning location where only authorised personnel can enter, ensuring other workers or bystanders are kept at a safe distance from potential hazards.</li> <li>Ensure that proper Personal Protective Equipment (PPE) is worn by all workers during the operation setup and while working with hydraulic pruners, such as safety boots, gloves, and high-visibility clothing.</li> </ul>	1L	



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			- Implement an effective communication system between workers to raise awareness about any hazards, including radio communication or a designated hand signal system.		
			- Utilise appropriate supporting equipment, such as tree guards or branch balancers, to provide additional stability and reduce the sk of falling objects during the pruning process.		
			- Develop and follow a systematic pruning won an which one limb is cut at a time, reducing the chances of multiple falling objects and lower the risk of entanglement.		
			- Clearly mark any country d have ds, such as power costs, before beginning work with the hydrauling uner requiring awareness and avoid any accidental entanglement contact with the maninery.		
			- Regularly real less the selections and operation, adjusting control measures and the process and eccessary to accommodate for changes in weather, veget to and operations that could introduce new hazards.		
			- Designate compens t person to continuously monitor and supervise the operation setup at longing work ensuring that control measures are being properly adhered and providing athority to stop work if any unsafe situations arise.		
4. Approach work area	Collision with other equipment, uneven ground	2M		1L	



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5. Positioning the pruner	Unexpected movement on the sin, overhead obstructions	ЗН		2M	



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6. Starting the pruner	Hand contact with cutting blades, unexpected machinery movement	ЗН		1L	



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7. Cutting operations	Accidental cuts, falling branches	3Н		2M	



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR	RESPONSIBLE PERSON
JOB STEP  SPECIFIC WORK STEPS	POTENTIAL HAZARDS  HAZARDS THAT MAY ARISE	IR INITIAL RISK	CONTROL MEASURES  SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RR RESIDUAL RISK	RESPONSIBLE PERSON  NAME OF PERSON
8. Debris removal	Struck by falling branches, manual handling injuries	2M		1L	



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9. Emergency stop activation	Panic during emergency, disconnected e-stop	21/		1L	



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10. Machine maintenance	Mechanical or hydrallic entanglements, cuts from sharp el as	3H		2M	



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11. Periodic inspections	Risk of overlooking damaged components, exporter to neivibration hazards	2M		1L	



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12. Shut down and storage	Incorrect shut down unauthorised acceptor equipment	ZM		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: <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/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 2011

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: <a href="https://www.safework.sa.gov.au/resources/legislation">https://www.safework.sa.gov.au/resources/legislation</a>

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

gulat

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.

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 reviewer revised if necessary) if releval consultation with workers (inc of the SWMS and their health workplace.  When the SWMS has been readvised that a revision has be who will need to change a wo a way that will enable them to will be involved in the work methem to understand and imple	nt control measu- luding contractors and sub- and safety representatives evised the PCBU must ensi- even made and how they cal rk procedure or system as implement their duties cor ust be provided with the rel	contract s) who may be a s who re esented that wor are that all persons involve a access the revised SWM a result of the revised SWM as isstently with the revised SWM.	should be carried out in ffected by the operation rk group at the  d with the work are S, including all persons advised of the changes in SWMS. All workers that	effective in reducing the person responsible for memploy a multi-faceted a  1. Spot Checks. 2. Consultation v. 3. Internal audits  An approach of continuo followed up by immediate	nitored regularly for the exist of incidents, keeping the onitoring the effectiveness peroach which includes but with workers, contractors at on a continual basis.  The improvement, promptly be corrective action and contently developing ever-improvement.	ne workplace safe for all of the Safe Work Method is not limited to:  and sub-contractors.  recording inconsistencies sultation with all relevan	personnel. The od Statement should statement should so or deficiencies, at personnel ensures
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	