

Knives and Cutters Indu	strial SAFE WORK METH	OD STATEMENT (SWMS)	
TASK OF	R ACTIVITY: Knives and Cutters	Industrial	
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	THE POST THE PROJECT	
Under the Work Health and Safety Regulation (WHS Regulation), a person conduct the proposed work starts.	cting 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 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 steam ately. 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.	`	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	Incorrect usage, Unsecured work area	3H	 Provide comprehensive training on the proper usage of knives and cutters in an industrial setting, ensuring workers understand the ric is and are aware of the precautionary measures. Conduct a thorough inspection of the work weap rior to commencement of work, identifying potential hazards and securing as alloose obit is or equipment that could pose a risk to workers. Ensure all knives and cutters are sharp, in good torking condition and appropriate for the task at hand. Dull blad or can lead to increased forces equired, risking injury or loss of control. Implement a chapprotose for strang and handling knives and cutters when not in use, including essignated strange as as with equate organisational tools such as holders and roses. Cleft or pommunations designated work zones for tasks involving knives and cutter in thatainin expropriate distances between workers to minimise the risk of accide is. Establing cleft lines a communication between workers, encouraging them to noort are unsacconditions or concerns immediately. Eincreatest cutting tasks are performed on stable, non-slip surfaces to minimise noverne and promote accurate cuts while reducing the likelihood of accidents. sovide workers with suitable personal protective equipment (PPE), such as cutressidant gloves, long-sleeve shirts, and safety goggles to mitigate potential injuries from accidents. Implement a buddy system, where possible, during tasks involving the use of knives and cutters, so workers can ensure each other's safety and adherence to best practices. When carrying out cutting tasks, encourage workers to keep their free hand away from the cutting edge and maintain a firm grip on the handle or tool being used. Encourage regular breaks to help reduce fatigue, which may contribute to poor judgement or loss of focus, increasing the risk of accidents. Review and update Safe Work Method Statements (SWMS) regularly, incorporating new learnings	2M	
2. Blade Selection	Inappropriate blade, Incorrect installation	3Н	- Ensure the blade selected is suitable for the specific cutting task, material type and requirements of the job. - Familiarise yourself with the manufacturer's guidelines regarding recommended blades for particular tools and applications. - Verify all blades are compliant with Australian safety standards and have appropriate certification.	1L	



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			- Inspect the blade condition, checking for any damage, cracks or deformities that could compromise its performance or safety.		
			- For tasks that require different types of cuts, chowersatile blades with the ability to be used for multiple functions without change constantly.		
			- Set up a proper storage system for blades organising. It is a based on their compatibility with corresponding tools and more rials		
			- Prioritise using safety or self-retracting knives unimise the rink of injury while handling and installing blade		
			- Train staff members on the conct installation production before use.		
			- Implement sol mainten se schoole that sludes regular checks and replacement sorn or day aged blad		
			- End the open confidence of the confidence of t		
			regular consect thorough visual inspections of the equipment, including checking for sit is of wear and tear or damage to all components such as handles, blades, blocks.		
		in ma	aplement a preventative maintenance schedule for the knives and cutters, including routine cleaning, lubrication, and sharpening according to the manufacturer's recommendations.		
			- Ensure that only qualified and trained personnel are responsible for inspecting, maintaining, and operating the industrial knives and cutters.		
			- Establish a reporting system for workers to promptly communicate any concerns or issues with the equipment so they can be addressed before accidents occur.		
3. Equipment Inspection	Faulty equipment, Damageo Srade	2M	- Clearly label all knives and cutters with relevant safety information, warnings, and usage instructions to remind users of the potential hazards and proper handling techniques.	1L	
			- Provide appropriate personal protective equipment (PPE), such as cut-resistant gloves and safety goggles, for all workers who are required to use or handle industrial knives and cutters.		
			- Store all industrial knives and cutters securely in designated areas when not in use to prevent unauthorised access and minimise the risk of accidental injury.		
			- Develop comprehensive training programs for employees on the safe usage, inspection, and maintenance procedures for industrial knives and cutters - with regular refresher courses scheduled.		
			- Dispose of damaged blades following proper disposal procedure ensuring compliance with environmental regulations and guidelines. Replace damaged blades promptly to avoid using faulty equipment.		



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			- Display posters and signage in work areas outlining the safe handling practices, correct use of PPE, and emergency response procedures relating to the use of industrial knives and cutters. Encourage a safety-consious culture in the workplace by regularly discussing these topics during team petings and forums.		
4. Personal Protective Equipment (PPE)	Inadequate PPE, Insufficient aining	2		2M	



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5. Cutting Material Setup	Unstable material, Incorrect clamping			1L	
6. Cutting Technique	Unsafe posture, Distracted worker	3H		2M	



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7. Handling Cut Materials	Sharp edges, Heavy lifting	ЗН		1L	
8. Power Tool Maintenance	Damaged cords, Fluid leaks	2M		1L	



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				KIOK	



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9. Blade Replacement	Improper storage, Incomplete instructions	3H		1L	
10. Environmental Controls	Dust generation, Poor lighting	2M		1L	



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11. Equipment Transportation	Unbalanced load, Inadequate securing	ЗН		2M	



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12. Waste Disposal	Hazards materials escape, Incorrect disposal	2M		1L	



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13. Manual Handling Techniques	Awkward lifting, Overexertion	зн		2M	



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14. First Aid/ Emergency Protocols	Inadequate first aid, Emergency response failure	2M		1L	



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15. Incident Reporting	Incomplete documentation, Miscommunication	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

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

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/le_lation

Codes of Practice for SA: https://www.safework.sa.gov.au/wor 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.ssafe.vic.gov.au/occupational-health-and-safety-act-and-

<u>qulat.</u>

des of 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.

	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, Vortal 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	