

Laser Level S	AFE WORK METHOD STAT	EMENT (SWMS)	
	TASK OR ACTIVITY: Laser Leve	l	
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 conductor the proposed work starts.	cting a business or undertaking (I SU) 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	compliance 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 B PMENT AND APPROVAL OF THIS SWMS	EEN CONSULTED AND
Safety meetings or toolbox talks will be scheded in accordance with agislative requirements to first identify any site hazards, conditions unical those hazards and then to further take steps to either the conditions of the condi	NAME	SIGNATURE	DATE
If an incident or a near miss occurs, all work must structurately. 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 supplied 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.			is carried out on or near chemical, fuel or refrigerant lines.					
☐ involves demolition of	f an element of a structure	that is load-be n.		is carried out on or near energised electrical installations or services.					
☐ involves demolition of	f an element related to the	physical integrit of a str	2	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	mporal, 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 drownin	ng.	☐ involves diving w	vork.				
		ANY HI	IGH-RISK MACHINEF	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 -			





PER NAL TECTIVE EQUIPMENT (PPE)

FOOT PROTECTION	HAND PROTECTION	HEAD PROTECTION	HEARING PROTECTION	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, Incorrect handling of the laser level	ЗН	 Conduct a thorough safety inspection of the work area prior to commencing any work. Identify all potential trip hazards and remove where possible. Provide adequate workplace lighting to ensure stibility and minimise the chance of trips and falls. Make certain that all walkways, corridors, on evenue or transit are kept clear of cords, hoses, debris, and other trip hazards at the stibility of the cords, hoses, debris, and other trip hazards at the stibility. Encourage proper posture to thifting techniques along we can while handling laser levels to minimise the risk of muscle strain or large. Regularly service and the first of muscle strain or large. Regularly service and train to laser level equipment to ensure optimal function and performant. Handle the near level more linery with the compression of prevent damage or injury. Employees show the provided with appropriate Personal Protective Equipment (PPE) in adding exprotection if necessary, to guard against potential laser expost as: Any un uthough personnel must be barred from entering the work space during seration of the user level. Ensure at all staff members are adequately trained in laser safety procedures and rotocom. Tablish and strictly enforce a lockdown procedure for when the laser level is not in use; this may involve removing power sources, securing components, locking down moving parts, etc. Keep fire extinguishers or other fire safety equipment accessible in case of a fire risk due to the laser's heat production. Clearly communicate all emergency procedures and evacuation plans to staff. Implement a system for regular review and updates of the SWMS to reflect any changes in the work environment or tasks. 	2M	
2. Setting Up Equipment	Mishandling equipment, Failure to secure the laser level	3Н	 - Undertake proper training: Ensure all personnel handling the Laser Level are adequately trained on its operation and maintenance. - Wear appropriate safety gear: All members of the workforce should be equipped with the necessary Personal Protective Equipment (PPE). This includes safety glasses, gloves, steel-capped boots, and high-visibility clothing. - Regular equipment checks: Conduct regular safety inspections of the Laser Level to check for signs of wear and tear. Any faulty or defective equipment should be reported immediately. - Follow manufacturer guidelines: Always set up and operate the Laser Level according to the manufacturer's instructions to mitigate risks associated with equipment mishandling. 	2M	



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			- Secure the Laser Level: Use the appropriate mounts and stands to secure the Laser Level in position, reducing the risk of it falling or moving during use.		
			- Clear working area: Keep the area around the Level clear of unnecessary equipment, debris or trip hazards to minimise the kelihood of accidents.		
			- Implement a Tool Safety Initiative: Require ersonnel to g out any equipment found to be in poor condition so it can be take out of mimission until it's repaired or replaced.		
			- Utilise signage: Post clear strage indicating the Laser Laser laser is being used in the vicinity. This will inform everyon in the area of the point work and the potential hazards associated		
			- Safe laser having: Avoid poking rectly into laser beam and ensure the instrument is at pointed at the hers to ever sion impairment.		
			- Employed procedure and a second procedure a		
			- Provide constrehens a training to workers who will be handling laser levels, ansuring they have been position and align the equipment correctly.		
			- Replan inspective laser level to confirm it's in good working condition before allowing body to use it.		
			ways ensure the work area is clear and free from obstructions or trip hazards that coull lead to falls.		
			Wherever possible, do not set up laser levels at elevated heights. If this can't be avoided, a stable platform should be used.		
			- Encourage workers to use harness systems when using laser levels at significant heights for extra protection against potential falls.		
3. Aligning Laser Level	Incorrect positioning, Fall from buts	3H	- Workers should always wear appropriate protective equipment, including safety glasses, regardless of the perceived risk.	2M	
			- Implement a buddy system to ensure there is another worker available and capable of rendering help if something goes wrong.		
			- Double-check measurements and alignment settings in order to reduce the potential for error.		
			- When setting up/the aligning laser level, restricted areas need to be established to reduce the likelihood of unintentional exposure to the laser.		
			- Ensure signage is provided and well placed, alerting all individuals about the operation taking place, reducing accidental intrusion into the hazardous zone during the setup process.		
			- Set up a regular maintenance schedule for all equipment to ensure continued safe operation and, most importantly, longevity.		



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4. Operation of Laser Level	Exposure to laser beam, Electrical accident	4A		3H	
5. Adjustment and Calibration	Faulty equipment, Exposure to laser beam	4A		3Н	



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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
6. Taking Measurements	Data errors, Misinterpretation of readings	ЗН		1L	



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7. Dismantling Equipment	Incorrect storage, Failure to power off	ЗН		2M	



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	7				
8. Cleaning and Maintenance	Improper use of to s, Contact with harmful substance	зн		2M	
waintenance	narmiui substance				



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9. Fault Reporting and Repair	Inadequate training, Ignoring safety procedures	4A		ЗН	
10. Emergency Procedures	Lack of understanding, Panic in an emergency situation	ЗН		1L	



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11. Return and Storage	Failure to clean, Incorrect storage, Trip hazards	2M		1L	



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12. Regular Audits and Inspections	Neglecting regular checks, Oversight in record keeping	ЗН		2M	



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13. Training Staff	Mishandling equipment, Lack of awareness	4A		ЗН	



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14. Waste Management	Improper disposal, raar exposure	ЗH		2M	



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15. Debriefing Team	Failure to communate effectively. Lack of feedback	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/legislatide

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

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 Infety gulations 2017

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

gulat

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.

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 imples	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 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 approted 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	