

Light Vehicle S	AFE WORK METHOD STA	TEMENT (SWMS)	
	TASK OR ACTIVITY: Light Vehicl	е	
Business Name:		ABN:	SWMS#
Business Address:			
Contact Person:	Phone:	E ail:	
THE SAFE WORK METHOD	OTATEMENT IO APPROVAD DV	THE DOLL OF THE COLEGE	
THIS SAFE WORK METHOD	STATEMENT IS APPROV D BY	THE PC. OF THE ROJECT	
Under the Work Health and Safety Regulation (WHS Regulation), a person conduthe proposed work starts.	acting a business or underlying (Pc V) is	required to el ethat a safe work method	statement (SWMS) is prepared before
Full Name:			
Signature:	NY	Title:	Date:
Details of the person(s) responsible for ensuring implementation, monitoring	compliant e of the SWIL as well as re	eviews and modifications of the SWMS.	
Full Name:		Title:	Phone:
ALL PERSONNEL PARTICIPATING IN ANY ACTIVITY ON THIS VMS HAVE THE FOLLOWING COMMUNICATED	NA. 2 OF ALL RELEVANT PERSONN EVELOPMENT AND APPROVAL OF	IEL WHO HAVE BEEN CONSULTED AND THIS SWMS	COMMUNICATED TO IN THE
Safety meetings or toolbox talks will be sched ed in account with regislative requirements to first identify any site hazards, to continue the those hazards and then to further take steps to either eliminate or continue to further take.			
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:	
Project Address:	
Project Manager:	
Contact Phone:	
Date SWMS supplied to Project Manager:	
ANY HIGH-RISK CONSTRUCTOR	ON WC & BEIN C & RIED OUT
involves a risk of a person falling more than 2 meters	is carried out on or near pressurised gas mains or piping
☐ is carried out on a telecommunication tower	carried out on or near chemical, fuel or refrigerant lines
☐ involves demolition of an element of a structure that is load-hearing	☐ is carried out on or near energised electrical installations or services
☐ involves demolition of an element related to the physical interrity structure	☐ is carried out in an area that may have a contaminated or flammable atmosphere
☐ involves, or is likely to involve, disturbing as	☐ involves tilt-up or precast concrete
involves structural alteration or repair the requires to rary so port to prevent collapse	☐ is carried out on, in or adjacent to a road, railway, shipping lane or other traffic corridor
☐ is carried out in or near 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 an or tunnel involving use of explosives	☐ is carried out in areas with artificial extremes of temperature.
is carried out in or near water or other liquid that involves a risk of drowning.	involves diving work.
ANY HIGH-RISK MACHINER	Y OR EQUIPMENT NEARBY



RISK MATRIX											
LIKELIHOOD	INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC	SCORE	ACTION		HEIRARCHY OF CONTROLS		
ALMOST CERTAIN	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4 ACUTE	SCORE	SCORE	SCORE	ACTION		Elimination Remoy e the hazard.
LIKELY	2 MODERATE	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4A ACUTE	DO NOT PROCE		Substitution		
POSSIBLE	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	4 ACUTE	3H HIGH	Review before work starts.		Replace the hazard.		
UNLIKELY	1 LOW	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	2M MODERATE	Ensure control measures in place.		Isolation Isolate People from the hazard		
RARE	1 LOW	1 LOW	2 MODERATE	3 HIGH	3 HIGH	1L LOW	nitor and records		Engineering Isolate the hazard.		
is the second m	archy of Controls: nost effective methologing the work is	od of controlling a	a hazard. Engine	ering by isolat	ion is the nost of	e. tive, while	ard. Substitution e Administrative least effective		Administrative Change the work.		

						TIVE EQUIPM					
		Select the app	propriate PPL	abo suitak	ok for the equip	oment used or	the job task	being perfori	med (if applica	able).	
FOOT PROTECTION	HAND PROTECTION	HEAD PROTECTION	THE ARING STION	P _cCTION	PROTECTION	FACE PROTECTION	HIGH-VIS CLOTHING	PROTECTIVE CLOTHING	FALL PROTECTION	SUN PROTECTION	HAIR/JEWELLERY SECURED
Other PPE R	equired:										
	Pe	ermit or Licen	ses Requirem	ients			Mandatory Qualifications and Training				



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK
1. Preparation	Slips, trips, and falls, Poor lighting	зн	 Conduct a site assessment to identify per avial tripping hazards and ensure pathways are clear. Ensure adequate lighting is installed in we areas carticularly during early morning or late evening hours. Provide portable lighting sentions for use in partly lit areas when necessary. Use high-visibility signage to cark uneven surface comporary obstacles. Implement how seep reprocessores to keep the Work area free of clutter and trip hazards. Encourage are use of surble for coars of non-slip soles to reduce the risk of slips and falls. Trait imployes on segnising and artigating slip, trip, and fall hazards. Regular inspect alking surfaces for changes or hazards such as loose gravel, potholes, or spills. Applyention coates or strips on identified slippery surfaces. Ensure valkings and steps in and out of the vehicle have appropriate grip surfacing. Desolor and communicate emergency procedures for responding to slip and trip incidents. Conductingular audits and safety talks focusing on prevention and awareness of slips, trips, and falls. Invide adequate handrails on stairs and platforms where employees need to enter or exit vehicles. Monitor weather conditions and implement additional controls when adverse conditions increase the risk of slipping, such as using salt or sand during icy conditions. 	2M
2. Pre-start Inspection	Faulty equipment, Inadequate fluid levels	ЗН	 Conduct regular maintenance checks as per the manufacturer's guidelines to ensure all vehicle components are in good working order. Develop a pre-start checklist that includes checking all critical vehicle systems, such as brakes, lights, tyres, and steering, for functionality. Train employees on how to perform a comprehensive pre-start inspection and identify potential faults or issues. Keep up-to-date records of all inspections, maintenance activities, and repairs carried out on the vehicle. Ensure sufficient stock of essential fluids such as engine oil, coolant, brake fluid, and windshield washer fluid is available at the workplace. Perform visual and manual checks of fluid levels before each use, topping up as necessary to recommended levels specified by the manufacturer. Schedule regular professional servicing to check for hidden faults not identifiable during routine pre-start inspections. Provide detailed instructions and signage for the correct procedures to top-up fluids and conduct equipment checks safely. 	1L



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			 Use only approved and compatible fluids and parts to prevent damage to the vehicle and ensure safety standards are maintained. 	
			- Implement a formal reporting system for employed to alert management immediately about any faults discovered during the pre-start inspection.	
			- Conduct a site assessment to identify une in grown conditions before entering the vehicle.	
			- Use designated pathways or cleared routes approach the vehicle whenever possible.	
			 Wear appropriate footweal provide stability a supposition on uneven surfaces. Clearly mark or big any pointial hazards or a structions in the surrounding area. 	
			- Maintain a see distance per stall nary objects when approaching the vehicle.	
3. Entering Vehicle	Uneven ground, Collision with stationary objects	2M	- Install revers sensor or cameras and in visibility when positioning near stationary objects.	1L
	,		- Ensuro od variator by cleaning windows, mirrors, and lights before entry.	
			- Use cours or gues in tight or low-visibility areas to help avoid collisions.	
			- Maintan awa eness surroundings and use mirrors and visual checks regularly during entry.	
			pep the vehicle doors locked until it is safe to open them to prevent accidental contact with objects.	
			Prove spining for personnel on hazard identification and safe practices when entering vehicles.	
			· ·	
Starting Engine	Noise exposure, Engine failure	3H		2M
4. Starting Engine	Troise exposure, Engine railare	011		2101



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				-
				•
				•
Deversing	Plind anota Nearby and atriana	4A		2M
i. Reversing	Blind spots, Nearby pedestrians	* 4A		ZIVI

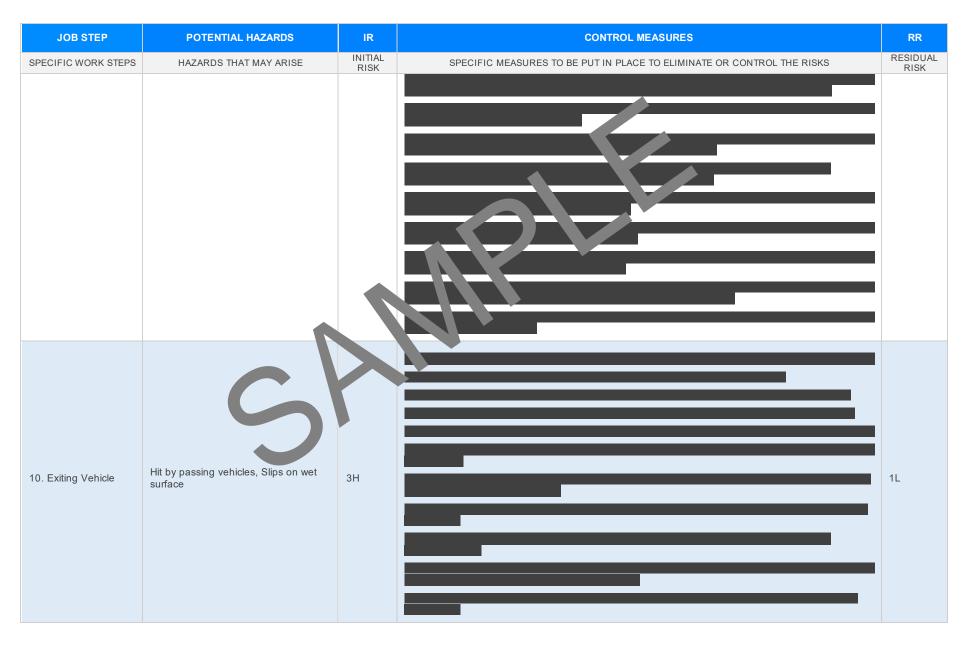


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6. Driving Forward	Distracted driving, Road obstructions	4A		2M
7. Manoeuvring	Tight spaces, Sudden obstacles	ЗН		2M



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8. Stopping	Brake failure, Skidding	ЗН		1L
9. Parking	Slope hazards, Improper parking	2M		1L







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11. Loading Items	Manual handling injuries, Falling objects	3Н		2M
12. Unloading Items	Pinch points, Overexertion	ЗН		1L



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13. Refuelling	Fire hazard, Fuel spilla	4A		2M



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14. Changing Tyre	Jack failure, Traffic hazard	4A		2M
15. Maintenance Checks	Chemical exposure, Electric shock	4A		2M



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16. Cleaning Vehicle	Chemical contact, Slip from height	ЗН		11
17. Documentation	Incorrect records, Ergonomic strain	2M		1L







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19. Emergency Situations	Panic response, Lack of first aid knowledge	40		2M
20. Post-Job Review	Missed hazards, Ineffective communication	2M		■ 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

N ANY STATEMAT ARE NOT APPLICABLE RELEVANT LEGISLATION AND CODES OF PRACTICE. DELETE THE LEGISLATIVE REFERENCE.

Queensland & Australian Capital Territory

Work Health and Safety Act 2011

Work Health and Safety Regulations 2011

Legislation QLD: https://www.worksafe.qld.qov.au/laws-and-compliance/work-health-and-safety-laws Codes of Practice QLD: https://www.worksafe.gld.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/legi

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

Northern Territory

Work Health and Safety (National Uniform Legislation) Act 201

Work Health and Safety (National Uniform Legislation) Regulations 26

Legislation NT: https://worksafe.nt.gov.au/laws-and-compliance orkpla

Codes of Practice NT: https://worksafe.nt.gov.a nd-reso

South Australia

Work Health and Safety Act 2012 (SA)

Work Health and Safety Regulations 2012 (S

Legislation for SA: https://www.safework.sa.gov.au/resources

Codes of Practice for SA: https://www.safework.sa.gov.au/w laces/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

Ocupational Health Safety A

regulations 2017 ational Health an Safe

- Legis ion VIC: https://v rksafe.vic.gov.au/occupational-health-and-safety-act-and-
- ttps://www.worksafe.vic.gov.au/compliance-codes-and-codes-practice des of actice VV

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/modelcodes-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	Signature	Date

SAFE WORK IN 'THIS 'S' ITEM ON MONITORING AND REVIEW

The SWMS must be reviewed regularly to make sure it remain effect, and must be reviewed (and revised if necessary) if relevant control measures are revised. The view as should be carried out in consultation with workers (including contractors as unputractors of the SWMS and their health and safety registeratives who represented that work group at the workplace.

When the SWMS has been revised the PCBD mest ensure the advised that a revision has been made and how they can accept the revised SWMS, including all persons who will need to change a work procedure or system as a remotified the review are advised of the changes in a way that will enable them to implement their duties the thing 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:

- Spot Checks.
- 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	COMMENTS
The company details have been entered, including the project name and address.		
All relevant personnel consulted during the development of the SWMS.		
Name, signature, position and date signed of the person approving the SWMS.		
Specific personnel and qualifications, experience is noted in the SWMS.	7	
Provides a step-by-step process of tasks required to carry out the activity or task.	<u>k</u>	
Adequate risk assessment of any identified hazards has been completed.	\boxtimes	
Foreseeable hazards are identified and documented for each step.	\boxtimes	
Any hazards listed in any site risk assessments have been added to the SVL 5.		
SWMS initial risk (IR) column as well as residual risk (RR) column ampleted.		
Check control measures added to the SWMS are the most effective sections.		
Responsible person is assigned and listed on the splenentant of control measures.		
Permit or licenses requirements specified, so n as Hot Work, Electrical Work, Work at Heights etc.		
SWMS identifies plant and equipment to be		
Details of inspection checks required for any equipment lister are noted on the SWMS.	\boxtimes	
Describes any mandatory qualifications, experience, ang or skills required to perform the work.		
Applicable personal protective equipment is selected on the SWMS.		
Reflects and documents any legislative references and/or Australian Standards.	\boxtimes	
Identifies any hazardous substances used with specific control measures in line with any SDS.	\boxtimes	
REVIEWED BY	DATE REVIEV	VED
SIGNATURE	DATE COMPLE	ETED