

Metal Forming Press	S SAFE WORK METHOD S	STATEMENT (SWMS)	
TAS	K OR ACTIVITY: Metal Forming F	Press	
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 VMS. 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 conditional talks.	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.			



		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.			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, railwa	ay, shipping lane or other to	raffic 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	Incorrect handling of tools, Physical stress due to bad ergonomics	ЗН	 Organise comprehensive training sessions on correct procedures for handling tools to prevent any mishaps. Regularly maintain and inspect all the tools are equipment used in metal forming press. Encourage workers to take short breaks due to their sork shift, reducing physical stress and maintaining concentration levels. Implement an ergonomical potential workplace to adopting to hable machinery or modifying the existing ones as to eded. Establish a monitorage of the daily health stands of the operators. Use appropriate personal potective quipment (PPE), including gloves, safety footwear and regulations are for each worker to avoid repetitive movements or actions that move and to provide stress. Establish a canage ont commitment towards minimising potential hazards. Incorpt ate morphanical lifting aids/tools wherever possible to reduce strain and existion to individual workers. Enforce and regulations about proper posture while working to ensure good nonomic practices. Usuate risk assessment policies periodically to identify any new risk factors related to tool handling and ergonomics. 	2M	
2. Material Handling	Manual lifting, Slips, falls & trips	ЗН	 Implement a detailed risk assessment for all manual handling activities to identify potential hazards. This includes assessing the weight of materials, the distance they need to be carried and the height at which they are lifted. Provide appropriate training for all workers involved in material handling. This should cover safe lifting techniques and the proper use of equipment. Regularly maintain and inspect all material handling equipment such as hoists and trolleys. Any defects identified should be promptly rectified. Segregate high traffic areas from those where heavy loads are being moved to minimise the risk of slips, falls and trips. Ensure all work areas are well lit and free from obstructions. This includes regularly cleaning walkways and removing any spillages promptly. Provide appropriate personal protective equipment to workers. This can range from safety boots and gloves for manual lifting to harnesses for high level work. Encourage frequent breaks for workers involved in continuous or repetitive manual handling tasks. This helps to avoid fatigue and reduces the risk of injuries. 	2M	



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
			- Implement a system of reporting for near misses and accidents. Effective incident investigation can help in devising strategies to prevent similar incidents in future.		
			- Schedule regular checks to ensure that implement a control measures are being followed correctly.		
			- Favour mechanical aids over manual materal handling perever possible. For heavier lifts, consider using forklifts, electric per transfer or crane systems.		
			- Regularly inspect electric cases and plugs to entire there are no signs of wear, cuts or fraying. If detected, important places are the signs of wear,		
			- Implement a round test and arging protocol in line with Australian standards for electrical expment, estimated by hards to be a standard to		
			- Always power off and up and machine con they are not in use or before performing main maps work.		
			- Insta staty switches, circuit breakers, or fuses to prevent electrical overload and potential electric should		
			- Wear a property all protective equipment (PPE) like insulated gloves, their school and eye protection when working around electricity or operating the each e.		
3. Machine Startup	Electric shock, Noise pollution	M	Adequa raining should be provided to all workers involved in machine startup on to operate it safely and prevent any accidents.	1L	
			- To combat noise pollution, consider installing sound barriers or enclosures around noisy machinery.		
			- Regular breaks should be scheduled for employees working near loud equipment to limit continuous exposure to loud noises.		
			- Provide Noise-Cancelling Earplugs or earmuffs to all workers exposed to high levels of noise during their shifts.		
			- Developing and implementing a 'lockout/tagout' safety procedure, which ensures that the machine is properly shut down and cannot be started up unexpectedly.		
			- Regularly perform risk assessments to identify hazards related to machine start- ups and ensure control measures are still effective. Adjust protocols as necessary based on the findings from these risk assessments.		
4. Loading Material	Pinch points, Heavy objects falling	3H		2M	



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
5. Operating Press	Hand/arm vibration syndrome, Noise-induced hearing loss	ЗН		2M	



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
6. Unloading Material	Burn injuries from hot material, Back injury from heavy lifting	ЗН		2M	



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
7. Finishing Process	Use of sharp tools, Exposure to obtain and fumes	зн		2M	



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
	•				
8. Machine Shutdown	Electric shock, Pir points	2M		1L	



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
9. Cleaning Work Area	Exposure to chemicals, Slips and falls due to spillage	3H		2M	
10. Maintenance of Equipment	Electric shock, contact with moving parts	3H		2M	



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
11. Inspection for Defects	Eye strain, Incorrect posture while examining the product closely	2M		1L	



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
12. Wrapping and Packaging	Cuts from sharp eog	ЗН		2M	



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
13. Storage of Final Products	Falling objects if stored incorrectly, Tril and falls over improperly stored produc	31		2M	
14. Waste Disposal	Cut injuries from sharp waste, chemical exposure if dealing with hazardous waste	3H		2M	



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
15. Dealing with Machine Faults	Electric shock, possibility of fire	4A		2M	



SPECIFIC WORK STEPS HAZARDS THAT MAY ARISE INTIAL RISK SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS RESIDUAL RISK NAME OF PERSONAL RISK SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS RESIDUAL RISK NAME OF PERSONAL	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



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

Legislation QLD: 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/legislative

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 201

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

Codes of Practice NT: https://worksafe.nt.gov.au/f

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 all Safety Act

Occupational Health and Infety gulations 2017

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

<u>Julai.</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.

Worker Name	Pos	sition	Signature	Date	Time	Supe	ervisor
				Date:			
				Date			
				L te:			
				Date:			
				Date:			
				Date:			
				Date:			
SAI WO A STHUD STATEMENT MONITORING AND REVIEW							
The SWMS must be reviewer revised if necessary) if relevant consultation with workers (incomplete of the SWMS and their health workplace. When the SWMS has been readvised that a revision has been who will need to change a woal way that will enable them to will be involved in the work must them to understand and imples.	and safety representatives are sub- evised the PCBU must ensure the procedure or system as a implement their duties corust be provided with the relations.	review process s) who may be as who re esented that work are that all persons involve in access the revised SWM are sult of the review are assistently with the revised S	should be carried out in ffected by the operation k group at the d with the work are S, including all persons divised 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	
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 effective sections.			
Responsible person is assigned and listed on the SWMS for the imperent of contameasures.			
Permit requirements specified, such as Hot Work, Electrical Work, Vocat 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 reining 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	