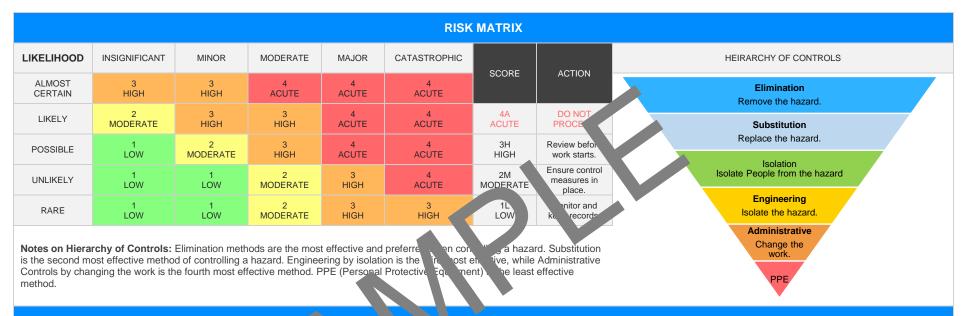


Planer SAFI	E WORK METHOD STATEN	IENT (SWMS)	
	TASK OR ACTIVITY: Planer		
Business Name: [Company Name]		ABN: [ABN]	SWMS#
Business Address: [Company Address]			
Contact Person:	Phone: [Phone]	E 111:	
THIS SAFE WORK METHOD	STATEMENT IS APPROVED BY 1	THE P. OF THE PROJECT	
Under the Work Health and Safety Regulation (WHS Regulation), a person conduct the proposed work starts.	eting a business or undertaking (N=3U) is	required to ure 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 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 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:				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 PUC) NO JRK BEING CARRIED OUT										
☐ involves a risk of a pe	erson falling more than 2 m	neters.		is carried out on	s carried out on or near pressurised gas mains or piping.					
is carried out on a tel	ecommunication tower.		$H \cap H$	☐ 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	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	9	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	inporal, 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	ng use of explosives.	is carried out in	areas with artificial extremes o	f temperature.				
is carried out in or ne	ar water or other liquid tha	t involves a risk of drownin	ng.	☐ involves diving v	vork.					
		ANY HI	IGH-RISK MACHINEF	RY OR EQUIPMEN	NT NEARBY					
Forklift	☐ Crane/s	☐ Hoist/s	☐ Excavator	☐ Backhoe/Loade	r 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, Falling objects	2M	 Clearly mark and designate the work area, ensuring that it is free from unnecessary equipment, debris, and other potential trip hazards be are commencing work. Conduct a thorough inspection of the work are no identify potential risks, including uneven surfaces, cords, hoses, or other objections and address them promptly to ensure a safe workspace. Implement proper housekeeping practices the could the project by regularly cleaning and organising the work area to minimic clutter and replace the risk of tripping hazards. Provide ample lighting on the work area to clearly see any hazards or obstacles and promote safety an areness mong corkers in the ricinity. Install safet carriers or goordrails a under cated work areas where there is a risk of fallien object such are aner machine access points, material storage areas, and perstend access nativarys. Ensure an equipment and tools are securely stored when not in use, keeping them out of to likvo is and vay from ledges where they could become dislodged and fall onto wo less tow. Invide erson protective equipment (PPE) for all workers, including hard hats, safe, tigates, high visibility vests, and steel-toed boots, to protect against potential alling one is and trip hazards. In all workers on the proper lifting technique and handling of heavy materials to precent strains, sprains, or accidental drops that could lead to injury. Use appropriate signage to inform workers and visitors of the risk of falling objects or trip hazards in the work area, directing them to take precautions and be aware of their surroundings. Implement an ongoing safety training programme to educate employees about workplace hazards, the importance of PPE compliance, and how to respond in case of an emergency or incident. Establish regular communication channels between supervisors, workers, and health and safety representatives to discuss potential hazards, evaluate current control measures, and imp	1L	
2. Equipment Inspection	Electrical hazards, Equipment malfunction	3H	 Regular maintenance and inspection: Ensure that the planer and its components are thoroughly inspected before each use to identify any damaged parts or signs of wear that may lead to equipment malfunction. Use appropriate personal protective equipment (PPE): Workers should wear appropriate PPE such as thick gloves, safety glasses, and hearing protection to protect themselves from potential hazards during the equipment inspection process. 	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
			- Disconnect power supply before inspection: Power off and unplug the machine from its electrical source prior to performing equipment inspections to prevent electrical shocks and accidental start-ups.		
			- Check electrical cords and connections: Inspecial cables, plugs, and connections for any signs of damage or wear, including a ring or exposed wires. Replace any damaged cords immediately.		
			- Keep work area clean and well-lit: A well-organ workspace allows inspectors to efficiently locate and inspect components without ecidentally being into other tools or tripping on clutter - the helps to avoid equation to the location of the helps to avoid equation of the location of the helps to avoid equation of the helps to avoid equation of the location of the helps to avoid equation of the location of the helps to avoid equation of the location of the helps to avoid equation of the help		
			- Follow manufacture ideline and recommenda. S. Always consult and adhere to the more acture instructions for proper inspection, maintenance, and operation procedures to enter experimental performance and longevity of the planer.		
			- Train amploys on progression procedures: Regularly conduct training assions are kers to teach them correct methods for inspecting and maintain, the plant, thus reducing the risk of overlooked hazards or improper handli		
			- Use of contatible apponents: Replace damaged components or accessory parts with genue manufacturer-approved replacements to maintain safe and enough of the planer.		
			Monitor use levels: If possible, monitor the noise level emitted by the planer ting operations. Excessive or unusual noises may indicate internal damage or the new for maintenance.		
			Report and address issues promptly: Encourage employees to report any issue, hazard, or malfunction found during equipment inspection. Immediately attend to these concerns to minimise risks and keep operations running smoothly.		
			- Provide adequate workspace lighting: Ensure that the area designated for using the Planer has sufficient illumination to clearly see the equipment, tasks at hand, and any potential hazards in the area.		
			- Install portable lighting if necessary: If fixed lighting is insufficient or not available, consider using portable task lighting to help illuminate the work area adequately.		
3. Workspace Setup	Poor lighting, Inadequate ventilation	2M	- Conduct regular checks on workspace lighting levels: Periodically assess the brightness around the workspace, especially when ambient light changes due to weather conditions or time of day, and adjust lighting parameters accordingly.	1L	
			- Keep windows clear and blinds open for natural light: Allow as much natural light into the workspace as possible by cleaning windows regularly and adjusting blinds to let sunlight in.		
			- Ensure proper ventilation: Make sure that the workspace is well-ventilated, either through natural means (open windows, doors) or mechanical means (humidity-control systems, HVAC), to eliminate dust buildup and maintain a safe working environment.		



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
			- Use respiratory protection equipment: Workers should wear appropriate dust masks or respirators to minimise the inhalation of harmful particles produced during the planing process.		
			- Conduct regular air quality assessments: Est, on a schedule for frequently monitoring air quality within the workspace consure that air particles remain at acceptable levels.		
			- Install dust extraction systems: Consider have ust collection system installed to help capture and remove dust, while keeping workspace can and reducing exposure risk.		
			- Implement regular keepin procedures: Sche routine cleaning and maintenance of the work and to be used and other debris accumulation.		
			- Train works on safe open ting practices and ucate employees about potential hazard associated with corr lighting a madequate ventilation, and how to follow continuous acure of the same safe those risks effectively.		
			- Moning and review controls: Continuously evaluate the effectiveness of implemented controls assures and adjust them as needed to maintain a safe work environt ent. gularly odate the SWMS to stay compliant with current health and ofety reculation.		
4. Planer Operation	Noise exposure, Flying debris	ЗН		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
5. Material Handling	Manual handling injuries, Slips and trips	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
6. Tool Change	Sharp edges, Hot surfaces	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
7. Cutting Depth Adjustment	Pinching injuries, Misalignment	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
8. Waste Disposal	Unsafe lifting, Splinters	3H		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. Break Periods	Overexertion, Poor ergonomics	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
10. Maintenance	Contact with moving parts, Electrical hazards	3Н		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



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. Emergency Procedures	Fire, Lack of evacuations routes	31		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
12. Clean Up	Slips and trips, Chemical hazards			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



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 > 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-syllaws

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/le_lation

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 34

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 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:			
		SAF WO A	STATEMENT	MONITORING AND R	EVIEW		
The SWMS must be reviewed regularly to revise the sure it remains effective and must be reviewed (and revised if necessary) if relevant control measure and subcontract is who may be affected by the operation of the SWMS and their health and safety representatives who recessented that work group at the workplace. When the SWMS has been revised the PCBU must ensure that all persons involved with the work are advised that a revision has been made and how they can access the revised SWMS, including all 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. 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: 1. Spot Checks. 2. 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	<u> </u>	□ 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.			
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 SWN			
SWMS initial risk (IR) column as well as residual risk (RR) columns completed.			
Check control measures added to the SWMS are the most effections.			
Responsible person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is as a sign of the SWMS for the imperent person is a sign of the SWMS			
Permit requirements specified, such as Hot Work, Veral 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 CO	MPLETED	