

Shaper SAF	E WORK METHOD STATEM	MENT (SWMS)	
	TASK OR ACTIVITY: Shaper		
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 PL OF THE PROJECT	
Under the Work Health and Safety Regulation (WHS Regulation), a person conduct the proposed work starts.	cting a business or undertaking (I 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	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. 'E 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, hazards and then to further take steps to either the condition of	NAME	SIGNATURE	DATE
If an incident or a near miss occurs, all work must structured. 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.		$H \cap H$	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 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, railwa	ay, shipping lane or other to	raffic corridor.		
is carried out in or ne	ar a confined space.			is carried out in a	an area of a workplace where t	here is any movement of p	owered 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	Poor ventilation, Slippery floor	2M	 Install proper ventilation systems: Ensure a suitable mechanical ventilation system is in place to improve air quality and remove any han full particles from the work area. Regularly inspect, clean and maintain the variation system according to manufacturer's guidelines. Use correct personal protective equipmenta PPE): Error yees should wear appropriate PPE such as non-slip footwear, includes a sepirators if necessary, and any other relevant items to protect against potental against out of the preparation process. Implement regular cleaning roughes: Designate sput file eriods throughout the workday for emploration lean at 1 dry the floor, elint vating any spills or accumulated drugs that mucontrulte to a slipingly surface. Display cauthorary signate and when the variation of yellows are unavoidable, make sure to have early visual warry signate and when the variation of the potential according to the potential against a warry of signate about any hazards present during the preparation phona, and incourage them to report any identified risks immediately. Invide anining on hazard identification and control measures: Regularly conduct training as sions for employees regarding how to identify hazards in their work avironma, and the steps to take in order to mitigate any risks associated with poor variation and slippery floors. Implement strict storage regulations: Organise and store all materials, tools, and substances properly, making sure that no loose items are left lying around that could create trip or slip hazards. Keep walkways clear of clutter and debris. Monitor weather conditions: Pay close attention to weather forecasts, particularly if rain or high humidity is expected, which can contribute to slippery surfaces. Adjust work schedules and activities accordingly to minimise risk exposure. Encourage employee participation: Cultivate a strong safety culture by involving employees in the risk assessment and decision-making processes. List	1L	
2. Machine Setup	Pinch points, Falling objects	ЗН	Regular Inspection and Maintenance: Consistently check machinery for any wear, damage, or defects that could pose a risk during operation. Ensure regular maintenance is performed as required. Proper Training: Ensure all workers receiving training on the correct operation of the Shaper machine, including understanding potential hazards and following safe work procedures during setup.	2M	



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			- Use Personal Protective Equipment (PPE): Require workers to wear appropriate PPE such as safety gloves, protective footwear, safety glasses or face shield, and any other equipment necessary for protection against binch points and falling objects. - Secure Loads and Attachments: Verify the bincomponents, attachments, and materials are secured appropriately before in chine set to be prevent falling object hazards. - Install Machine Guards: Equip Shaper machine with appropriate guards in applicable locations to mitigate exposure to pinch, but hazards. - Establish Clear Commication channels: Implement communication strategies between worker outing in chine cup, such as the use of hand signals or designated stokers to ensily safety and awardless amongst workers. - Keep Work And Clean of Organise colaintain a clean and tidy workspace, remote any decision so sose objects to prevent tripping hazards and potential falling object. - Maint in Sone Distactions: Encourage workers to maintain a safe distance from the machine which in open ion to minimise the risk of injury from pinch points or falling hiects. - Adventage Lighting: Ensure sufficient lighting around the workspace during machine etup to a mote visibility and reduce potential hazards. - Introlled Access Zones: Limit access to Shaper machine setup areas to autorised personnel only, minimising the number of workers exposed to the identified hazards. - Proper Lifting Techniques: Educate workers on proper lifting techniques and enforce their use when handling heavier objects during machine setup. - Emergency Stop Mechanisms and Lockout/Tagout Procedures: Ensure that emergency stop buttons or mechanisms are available and functional, and educate workers on lockout/tagout procedures when required. - Continuous Monitoring and Supervision: Designate a competent person to oversee the machine setup process and monitor for any potential hazards, intervening when necessary to ensure safety compliance.		
3. Machine Operation	Noise exposure, Flying debris	2M	- **Proper machine maintenance:** Ensure the shaper machine is regularly maintained to reduce excessive noise and prevent the occurrence of flying debris. - **Use of Personal Protective Equipment (PPE):** Workers operating the shaper machine must wear appropriate PPE, such as safety goggles/glasses for eye protection and earmuffs or earplugs to minimise noise exposure. - **Proper machine setup:** Ensure the workpiece and cutting tool are securely fastened and correctly positioned before beginning the operation to prevent misalignment and flying debris hazards.	1L	



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			- **Training and supervision:** Workers should be adequately trained and experienced in the safe operation of the shaper machine. Supervision may also be necessary to ensure compliance with safety protocol		
			- **Restricted access to the work area:** Limit ess to the immediate vicinity of the shaper machine during operation by implementing a safety barrier or using signage to alert others to the potential hazards.		
			- **Housekeeping practices:** Maintain a clear and aganised work area around the shaper machine to minimise tripping hazards and uildup of more itals that could contribute to flying debris.		
			- **Safe work procedures *Dev. p and implement a dard operating procedures (SOPs) outlining a required step and precautions for safely operating the shaper machine.		
			- **Machine goods:** Instructions of the shap to achine to prove workers from potential flying debris and contact with moving to s.		
			- **Em. peles stop on trols:** Ensure the presence of an easily accessible emerger by sto button, the shaper machine and make sure all operators know aw to unit. - **New lass afety audits:** Conduct regular inspections of the workplace to identify not add. In potential hazards, including those associated with the shaper machine		
			eration. - "voise monitoring:** Measure noise levels periodically in the surrounding areas of the shaper machine to ensure they are within acceptable ranges, and make adjustments as needed.		
			- **Breaks and rotation of tasks: ** Implement a schedule to rotate workers in high- noise areas, allowing adequate breaks so that health risks are minimised.		
			- **Communication and awareness:** Educate all employees about the potential hazards associated with operating the shaper machine and encourage ongoing communication about safety concerns and issues.		
4. Material Loading	Manual handling, Sharp edges	2M		1L	



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5. Equipment Inspection	Electric shock, Tripping hazards	2M		1L	



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SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	IR INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RR RESIDUAL RISK	PERSON NAME OF PERSON
6. Fine Shaping	Prolonged vibration exposure, Ergonomic strains	3H		2M	



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7. Dust Collection	Fumes inhalation, Fire risk	2M		1L	



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8. Material Unloading	Manual handling, Pinch points	2M		1L	



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9. Housekeeping	Tripping hazards, Fire ri			1L	
10. Equipment Maintenance	Electric shock, Chemical exposure	3H		1L	



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	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. Waste Disposal Contamination, Punctural intrinsical 11			INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS		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
12. Shutdown Procedure	Accidental activation, Lockout/transut failure	2M		1L	



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	5				



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/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/worksafe.nt.gov.au/laws-and-compl

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/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 al. Safety Act

Occupational Health and affety gulations 2017

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

<u>Julai.</u>

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 WC A	STATEMENT	MONITORING AND R	EVIEW		
The SWMS must be reviewed regularly to rake sure it remains effective and must be reviewed (and revised if necessary) if relevant control measure and subcontract is review by process should be carried out in consultation with workers (including contractors 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.			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.				
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 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 SWh			
SWMS initial risk (IR) column as well as residual risk (RR) columns completed.			
Check control measures added to the SWMS are the most effecting so tions.			
Responsible person is assigned and listed on the SWMS for the imperent of continue assures.			
Permit requirements specified, such as Hot Work, Veralt Heights etc.			
SWMS identifies plant and equipment to be u d.			
Details of inspection checks required for any equipment listed are 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.			
dentifies any hazardous substances used with specific control measures in line with any SDS.			
REVIEWED BY	DATE R	EVIEWED	
SIGNATURE	DATE CO	MPLETED	