Table Saw SAFE WORK METHOD STATEMENT (SWMS)								
	TASK OR ACTIVITY: Table Saw							
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 P OF THE PROJECT						
Under the Work Health and Safety Regulation (WHS Regulation), a person conducting a business or undertaking (N_BU) is required to sure that a safe work method statement (SWMS) is prepared before the proposed work starts.								
Full Name:								
Signature:		Title:	Date:					
Signature: Title: Date: Details of the person(s) responsible for ensuring implementation, monitoring and compliance of the SWMS, well as reviews and modifications of the SWMS. Date:								
Full Name:		Title:	Phone:					
ALL PERSONNEL PARTICIPATING IN ANY ACTIVITY ON THIS WMS. ST HAVE THE FOLLOWING COMMUNICATED		LL RELEVANT PERSONNEL WHO HAVE B OPMENT AND APPROVAL OF THIS SWMS	EEN CONSULTED AND					
Safety meetings or toolbox talks will be sched ed in accordance with sgislative requirements to first identify any site hazards, conducted in the second state that the hazards and then to further take steps to either conducted or conducted that hazard.	NAME	SIGNATURE	DATE					
If an incident or a near miss occurs, all work must successful unately. 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:							rk being carried out (otherwise				
Project Address:				k	nown as scope of works).						
Project Manager:											
Contact Phone:											
Project Manager	Signature:										
Date SWMS supp	olied to Project Manag	er:									
		ANY HIG	H-RISK CON JUCI	N. JRK BEING	ARRIED OUT						
involves a risk of	a person falling more than	2 meters.		is carried out on or	near pressurised gas main	s or piping.					
is carried out on a	a telecommunication tower.			☐ is carried out on or near chemical, fuel or refrigerant lines.							
involves demolition	on of an element of a struct	ure that is load-be		☐ is carried out on or near energised electrical installations or services.							
involves demolition	on of an element related to	the physical integrit of a s	17 e.	is carried out in an area that may have a contaminated or flammable atmosphere.							
involves, or is like	ely to involve, disturbing a	estos.		involves tilt-up or precast concrete.							
involves structura	al alteration or repair that re	mporal upp to	prevent collapse.	is carried out on, in or adjacent to a road, railway, shipping lane or other traffic corridor.							
is carried out in o	r 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/n	ear a shaft or trench deepe	er than 1.5m or tunnel involv	ving use of explosives.	is carried out in areas with artificial extremes of temperature.							
is carried out in o	r near water or other liquid	that involves a risk of drow	ning.	involves diving wo	k.						
		ANY	HIGH-RISK MACHINE	RY OR EQUIPMENT	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 -					







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	Slips, trips and falls, Incorrect setup	2М	 Ensure proper housekeeping procedures are in place, including the regular cleaning and maintenance of work areas to minimised lips, trips, and falls. Provide appropriate safety signage and barrier around potential hazards, such as wet floors and cable runs, to raise awarenee and prevent accidents. Train workers on the safe use and setup or role same including the correct use of fences, guards, and other safety features. Develop a pre-start checklik for table saw operations to epote that all necessary precautions have been taken us bre commencing wek. Inspect all equipted weak power cols prior to use, cwecking for any damage or wear that maximized the same properties of the table saw. Utilise anti-Suffoor match of appropriate workware with non-slip soles in high-risk areaan reduces a rist salipping. Encena workware to report any hazards or unsafe conditions immediately and implement to rective actions in a timely manner. Implement are start for pathways within the workspace, ensuring walkways are free om obstantions and trip hazards. Organise and store materials and equipment safely and securely when not in use, minimising clutter and potential hazards. Conduct regular safety inspections and audits to identify potential risks and areas for improvement, promoting a proactive approach to hazard management. 	1L	
2. Machine Inspection	Damaged equipment, Missing safety guards	ЗН	 Regularly inspect the table saw and its components, including the motor, blade, and safety guards, ensuring they are in good working condition before use. Implement a formal inspection schedule to regularly check for any signs of damages, excessive wear or missing parts. Assign a responsible person for carrying out these checks and maintaining records. Immediately report any damage, faults, or missing safety guards to the supervisor, ensuring that the table saw is tagged as "out of service" until the necessary repairs are made. Replace damaged or worn parts promptly, according to the manufacturer's instructions, and only use genuine replacement parts to ensure proper fit and function. 	1L	

order complete 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
			- Conduct regular maintenance activities, such as lubricating the machine parts and cleaning the saw blades and other components, to prevent deterioration due to prolonged use.		
			- Train all workers on the proper use, inspectice, and maintenance of the table saw, emphasising the importance of following same, procedures to avoid accidents.		
			- Verify that safety guards, such as blade guards, riving mives, and anti-kickback devices, are in place and securely fastened be apperating the machine.		
			- Ensure that required person protective equipment (PPE) in adding safety glasses, hearing protection, all ploves, are readily all the and used by operators when using the table		
			- Display clear usety signation in the rea, indicating proper handling guidelines and highlighting protection of with the table saw.		
			- Fostion oper commencation policy acouraging employees to voice concerns or suggest as regardless workplace safety, ensuring that all feedback is appropriately addres as		
			- Encour generated whereby experienced operators can periodically abserve heir pairs during table saw use, providing guidance and support where here ded.		
	7		Developed implement emergency plans and procedures, familiarising staff embers with the appropriate actions to take if an incident occurs involving the table s		
			Promote a culture of safety within the workplace supportive of best practices and ensuring that workers actively consider the potential hazards before undertaking any tasks.		
			- Continuously review and update the Safe Work Method Statement (SWMS) to address any new risks or updated safety procedures, keeping the document relevant and effective in maintaining a safe working environment.		
			- Ensure that qualified and licensed electricians install and maintain all electrical equipment, power connections, and circuitry related to the table saw.		
3. Power Connection	Electrocution, Overloading circuit	3H	- Confirm that the table saw's power supply voltage, frequency, and capacity are compatible with the site's electrical infrastructure to prevent overloading or damage to the tool.	1L	
	,		- Use Ground Fault Circuit Interrupter (GFCI) protected outlets or circuit breakers for the table saw's power connection to reduce the risk of electrocution.		
			- Follow a stringent routine inspection schedule for all wires, cables, and plugs connected with the table saw to identify and repair any possible wear, tear, frays, or other damages before operation.		



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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
			- Establish clear guidelines for workers on how to safely connect and disconnect the table saw from its power source, including unplugging the device when not in use, changing blades, or performing maintenance tasks		
			- Implement clear signage near the power correction indicating potential electrocution hazards and reminding workers or proper safety protocols.		
			- Train all operators and relevant staff on the pecific protrical safety requirements associated with operating a table saw, includin the gency response plans in case of electrocution incidents.		
			- Consider incorporating overla of protection devices of frames within the table saw's electrical system preven pircuit overloading of potential workplace accidents.		
			- Keep the in ediate area bund the able of wand its power source clean, dry, and free from ours, lique, or anythin our may cause electrical hazards.		
			- Mail a safe down as between hands and exposed wiring while connecting or discormation at the task as a saw, employing the necessary personal protective equipment (12) for orded safety.		
			Regular v reverse and update the Safe Work Method Statement (SWMS) based on the ons in medium previous incidents, evolving industry standards, and tech. Usg all advancements in table saw equipment and electrical systems.		
	G				
4. Cutting Material Selection	Unsuitable material, Improperly measured materials	2M		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
5. Blade Installation	Blade damage, Incorrect blade size/type	ЗН		1L	

Version 2.5

Date of Issue:



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. Push Stick Setup	Inadequate push stick fit, Faulty push- stick	2M		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
7. Material Alignment	Incorrect alignment, Kickback hazard	ЗН		2M	



Date of Issue:



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. Starting the Table Saw	Uncontrolled start, Moving, exposure	ЗН		1L	

Version 2.5

Date of Issue:



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. Feeding the Material	Fingers in the path of the brace, Misaligned cuts	4A		2М	



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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
10. Conducting the Cut	Kickback, Sawdust	IA		2М	

Version 2.5



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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. Blade Adjustment	Unintentional adjustmentative misalignment			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
12. Turning Off the Table Saw	Accidental restarts, Trimena cord	2		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
13. Clean Up & Maintenance	Cuts from sharp en es, Dust hazard	2М		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
	S				



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 F	REFERENCES					
RELEVANT LEGISLATION AND CODES OF PRACTICE. DELETE THE LEGISLATIVE REFERENCES. ANY STATE AT ARE NOT APPLICABLE						
Queensland & Australian Capital Territory Work Health and Safety Act 2011 Work Health and Safety Regulations 2011 Legislation QLD: <u>https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws</u> Codes of Practice QLD: <u>https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice</u> Legislation ACT: <u>https://www.worksafe.act.gov.au/laws-and-compliance/codes-of-practice</u> Codes of Practice ACT: <u>https://www.worksafe.act.gov.au/laws-and-compliance/codes-of-practice</u>	Victoria Occupational Health and Safety Action 04 Occupational Health and Safety Action 04 Occupational Health and Safety Solutions 2017 Legis from VIC: <u>https://www.worksafe.vic.gov.au/occupational-health-and-safety-act-and- gulant</u> S Unles on wactice VIC <u>sttps://www.worksafe.vic.gov.au/compliance-codes-and-codes-practice</u>					
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/legal-obligations/legislati-codes of Practice NSW: https://www.safework.nsw.gov.au/legal-obligations/legislati-codes of Practice NSW: https://www.safework.nsw.gov.au/resource-library/lis https://www.safework.nsw	Western Australia Work Health and Safety Act 2020 Work Health and Safety Regulations 2022 Legislation Western Australia: <u>https://www.commerce.wa.gov.au/worksafe/legislation</u> Codes of Practice WA: <u>https://www.commerce.wa.gov.au/worksafe/codes-practice</u>					
Northern Territory Work Health and Safety (National Uniform Legislation) Act 2011 Work Health and Safety (National Uniform Legislation) Regulation 2011 Legislation NT: https://worksafe.nt.gov.au/laws-and-compliance/workplace-servelaws Codes of Practice NT: https://worksafe.nt.gov.au/from storeservelaws Codes of Practice NT: https://worksafe.nt.gov.au/from storeservelaws	Safe Work Australia Links Law and Regulation (All States): <u>https://www.safeworkaustralia.gov.au/law-and-regulation</u> Model Codes of Practice: <u>https://www.safeworkaustralia.gov.au/resources-publications/model- codes-of-practice</u>					
South Australia Work Health and Safety Act 2012 (SA) Work Health and Safety Regulations 2012 (SA) Legislation for SA: <u>https://www.safework.sa.gov.au/resources/legislation</u> Codes of Practice for SA: <u>https://www.safework.sa.gov.au/work_saces/codes-of-practice#COPs</u>	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					
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/codes-of-practice Codes of Practice for TAS: https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice	 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 					
Details of permits, licenses or access required by regulatory bodies (add or delete as required): - Permits from local council - Authorisation to commence 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 					

- Any required documents.



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	Position	Signature	Date	Time	Supervisor
			Date:		
			Dat		
			t te:		
			Date:		

SAL WO A STHUD STATEMENT MONITORING AND REVIEW

The SWMS must be reviewed regularly to review the sure it remains revised if necessary) if relevant control measure are a conconsultation with workers (including contractors are subcontract of the SWMS and their health and safety representatives who re workplace.

ke sure it remains effective and must be reviewed (and are a reverse v process should be carried out in s an subcontract s) who may be affected by the operation sentatives who recessented that work group at the

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	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.			
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 effecting sections.			
Responsible person is assigned and listed on the SWMS for the imement of cont, measures.			
Permit requirements specified, such as Hot Wey, Electrical Work, Verat Heights etc.			
SWMS identifies plant and equipment to be up t.			
Details of inspection checks required for any equipment listed approved 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 RI	EVIEWED	
SIGNATURE	DATE CO	MPLETED	