

Cabinets Installation	1   SAFE WORK METHOD S	TATEMENT (SWMS)	
TAS	K OR ACTIVITY: Cabinets Installa	ation	
Business Name: [Company Name]		ABN: [ABN]	SWMS#
Business Address: [Company Address]			
Contact Person:	Phone: [Phone]	E jil:	
THIS SAFE WORK METHOD	STATEMENT IS APPROVED BY 1	THE PLOOF THE PROJECT	
Under the Work Health and Safety Regulation (WHS Regulation), a person conduct the proposed work starts.	eting a business or undertaking (F RU) 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 WAS. 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.			



		CL	IENT OR PRINCIPAL	CONTRACTOR D	DETAILS			
Client:						SCOPE OF WORKS		
Project Name:				Provide a detailed description	n of the specific work being	carried out (otherwise		
Project Address:					known as cope of works).			
Project Manager:								
Contact Phone:								
Project Manager Sig	gnature:							
Date SWMS supplie	ed to Project Manager:							
ANY HIGH-RISK CON PUCT NO JRK BEING CARRIED OUT								
Date SWMS supplied to Project Manager:				is carried out on	or near pressurised gas mains	s or piping.		
☐ is carried out on a te	lecommunication tower.		M + M	is carried out on or near chemical, fuel or refrigerant lines.				
				is carried out on	or near energised electrical in	stallations or services.		
☐ involves demolition of	of an element related to the	e physical integril of a str	3	is carried out in	an area that may have a conta	minated or flammable atmo	sphere.	
☐ involves, or is likely t	o involve, disturbing a es	stos.		☐ involves tilt-up o	r precast concrete.			
☐ involves structural al	teration 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 tr	affic corridor.	
is carried out in or ne	ear a confined space.			is carried out in	an area of a workplace where t	there is any movement of po	owered mobile plant.	
☐ is carried out in/near	a shaft or trench deeper th	nan 1.5m or tunnel involvir	ng use of explosives.	is carried out in	areas with artificial extremes of	f temperature.		
is carried out in or ne	ear water or other liquid tha	at involves a risk of drowning	ng.	involves diving v	vork.			
		ANY H	IGH-RISK MACHINER	RY OR EQUIPMEN	NT 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 -		





#### FOOT HAND **HEAD HEARING** SPIRATORY FACE HIGH-VIS **PROTECTIVE** FALL SUN HAIR/JEWELLERY CLOTHING **PROTECTION PROTECTION** PROTECTION **PROTECTION** PROTE DTECTION **PROTECTION** CLOTHING **PROTECTION PROTECTION SECURED**

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 housekeeping, fall hazards	2M	<ul> <li>Conduct a thorough inspection of the area before commencing work to ensure a clean and organised workspace, free of potential tripling hazards or obstructions.</li> <li>Implement a regular cleaning schedule and doughate specific areas for tools, equipment, and materials storage to maintre a neat and tidy environment.</li> <li>Provide workers with clear instructions and organize proper handling and storage of materials to avoid overcrowding and clutter introvorkspace.</li> <li>Clearly mark designated was ways and keep the offee from any obstacles, ensuring safe, unobstructed across for all personne.</li> <li>Utilise appropriating many to can on workers of potential fall hazards and remind them to follow and work procedure.</li> <li>Install temps by barricanes, handran and be-boards around elevated work areas to proposely work of from excidentally falling or stepping off edges.</li> <li>Supply tookers was suitable fall arrest equipment (e.g. harnesses and lanyards) when work hat help is and their use is required.</li> <li>Train employers in the orrect usage of personal protective equipment (PPE) and spect to equipment regularly to ensure it remains in good condition.</li> <li>Allow the adicated personnel to monitor compliance with safe work procedures and ractices or lidressing any unsafe behaviour or situations promptly.</li> <li>courage workers to report near-miss incidents or unsafe conditions related to housekeeping and fall risks so that corrective actions may be implemented.</li> <li>Regularly review and update the Safe Work Method Statement (SWMS) to ensure it remains an effective tool for risk management and control throughout the duration of the cabinet installation project.</li> </ul>	1L	
2. Equipment & Tools Check	Faulty equipment, improper tool use	ЗН	<ul> <li>Conduct regular inspection and maintenance of all equipment and tools to ensure their proper functioning and safety compliance.</li> <li>Maintain a logbook or register for recording equipment and tool checks, updates, repairs, and replacements.</li> <li>Provide adequate training to workers on the correct use of specific tools and equipment relevant to cabinet installations.</li> <li>Clearly label all tools and equipment with their specific purpose and operating instructions for easy identification and proper usage.</li> <li>Keep manufacturer's guidelines and manuals readily available for reference in case of any doubts regarding tool usage or functionalities.</li> <li>Use only tools and equipment that are compliant with Australian safety standards (AS/NZS) and approved by workplace health and safety regulators.</li> <li>Ensure all power tools and electrical equipment are regularly tested and tagged as per Australian safety regulations.</li> </ul>	2M	



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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
			- Require workers to wear appropriate personal protective equipment (PPE), such as gloves, safety eyewear, and steel-toed boots, while handling and operating tools and machinery.		
			- Store tools and equipment securely when not use to prevent damage, theft, or unauthorised access.		
			- Implement a 'safe work method statement' VMSV cific to cabinet installation processes to identify potential hazards and estatement standard operating procedures to mitigate risks effectively.		
			Encourage open communication and reporting of the concerns related to tool and equipment for sail too that corrective casures can be taken promptly.		
			- Ensure adequa eventile on is preservation the confined space to maintain a safe work a prize prevent the build-up of harmful gases.		
			- Instance, orary is rting, if necessary, to ensure appropriate illumination levels in the installation area in proper visibility.		
			Conducta the righ Risk Assessment prior to commencing work, including tifyin potent hazards and implementing control measures accordingly.		
		2M	Imple the use of appropriate Personal Protective Equipment (PPE) such as fety glasses, gloves, and high-visibility clothing to minimise the risk of injury.		
2. Lacata Installation			- A quately train workers on the correct procedures for safely operating in confined spaces and dealing with hazardous conditions, including emergency response procedures.		
3. Locate Installation Area	Confined spaces, or lighting		- Establish clear communication channels between workers within the confined space and those outside, to ensure efficient communication in case of emergencies or other issues.	1L	
			- Frequently monitor the worksite conditions and implement additional control measures as needed to address any new hazards that may arise during the course of the project.		
			- Designate a competent supervisor to oversee the project and ensure adherence to relevant Workplace Health and Safety guidelines.		
			- Properly secure all tools and materials when not in use, to prevent tripping hazards and accidental injury from falling objects.		
			- Schedule regular breaks for workers to minimise fatigue and allow time for fresh air and hydration, particularly when working within confined spaces for extended periods.		
4. Unpack Cabinets	Manual handling injuries, trip hazards	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. Assemble Cabinets	Finger injuries, pinch points	3Н		2M	



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6. Attach Hardware	Incorrect hardware, sharp edges	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. Move & Position Cabinets	Manual handling injuries, falling objects	4A		ЗН	



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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
8. Level & Align Cabinets	Incorrect alignment, wall damage	2M		1L	



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9. Fix Cabinets in Place	Falling objects, drilling hazards	ЗН		2M	



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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. Install Shelves	Incorrect shelf alignent, load conacity	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
11. Install Cabinet Doors	Pinching fingers, dropping deors	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
12. Clean-up Work Area	Electrical hazards, slip & trip hazards	2iv.		1L	
13. Inspect Installed Cabinets	Structural integrity, faulty locks	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
14. Complete Documentation	Missed hazards, communication breakdown	3H		2M	



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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
				KIGIK	
5. Handover to Client	Failure to properly communicate hazards	2M		1L	



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#### **EMERGENCY RESPONSE - CALL 000 FOR EMERGENCIES**

Ensure to have an Emergency Management Plan in place as well as adequate numbers of trained first aid staff with easy access to fully stocked first aid kits, rescue equipment, material safety data sheets, adequate access to emergency communication equipment and fire-fighting equipment suitable for all classes of fire and ignition sources.

#### LEGISLATIVE REFERENCES

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: <a href="https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws">https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws</a> Codes of Practice QLD: <a href="https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice">https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws</a> Codes of Practice QLD: <a href="https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice">https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice</a>

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 2011

Legislation NT: https://worksafe.nt.gov.au/laws-and-compliance/wo\_place-

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

#### 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 at Safety Act 34

Occupational Health and Infety gulations 2017

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

<u>qulat.</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: <a href="https://www.commerce.wa.gov.au/worksafe/legislation">https://www.commerce.wa.gov.au/worksafe/legislation</a> Codes of Practice WA: <a href="https://www.commerce.wa.gov.au/worksafe/codes-practice">https://www.commerce.wa.gov.au/worksafe/codes-practice</a>

#### 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.

Tollow arry sale work instructions which are provided, and agrees to use air reisonal Protective Equipment where appropriate.							
Worker Name	Pos	sition	Signature	Date	Time	Sup	pervisor
				Date:			
			_				
			Date				
				l te:			
			AV	Date:			
				Date:			
				Date:			
				Date:			
		SAF WO A S	THUD STATEMENT	MONITORING AND	REVIEW		
The SWMS must be reviewed regularly to pake sure it remains effective and must be reviewed (and revised if necessary) if relevant control measure are subcontracted by the operation of the SWMS and their health and safety representatives who research 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			An approach of continuous improvement, promptly recording inconsistencies or deficiencies, followed up by immediate corrective action and consultation with all relevant personnel ensures				
them to understand and implement the revised SWMS.  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.

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.		D				
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 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 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 person is assigned and listed on the SWMS for the imperent person per						
Permit requirements specified, such as Hot Work, Electrical Work, Vocat Heights etc.						
SWMS identifies plant and equipment to be u 1.						
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				