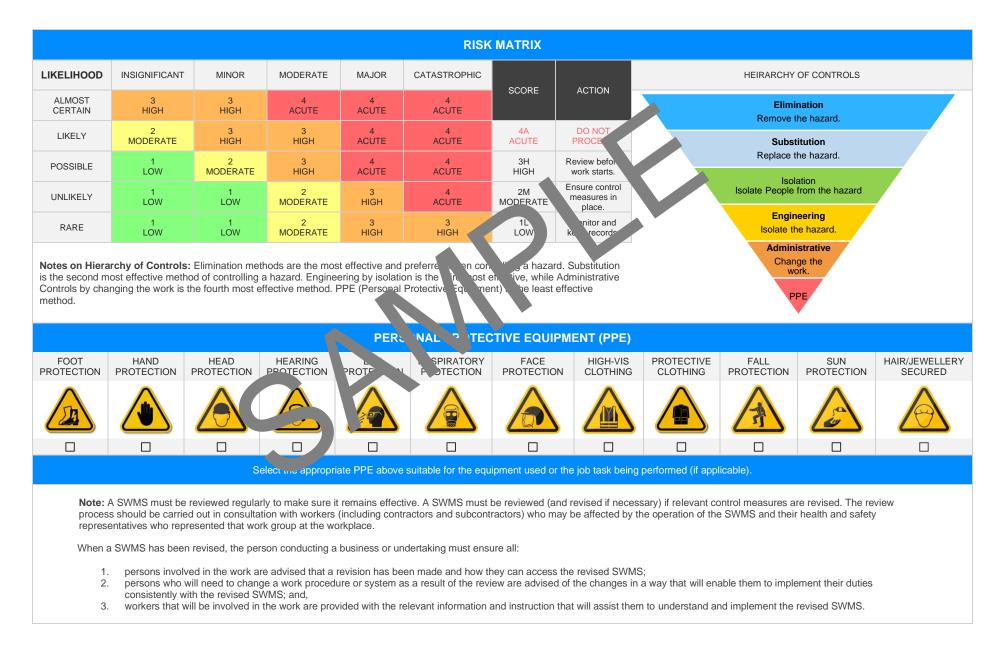


Conveyor Oven Flat Bed   SAFE WORK METHOD STATEMENT (SWMS)									
TASK	OR ACTIVITY: Conveyor Oven F	lat Bed							
Business Name: [Company Name]		ABN: [ABN]	SWMS#						
Business Address: [Company Address]									
Contact Person:	Phone: [Phone]	E gil:							
THIS SAFE WORK METHOD STATEMENT IS APPROVED BY THE PLOT OF THE PROJECT									
Under the Work Health and Safety Regulation (WHS Regulation), a person conductive proposed work starts.	cting a business or undertaking (K 3U) is	required to thurs had 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. 1E AND DATED SIGNATURE OF A CC. MUNICATED TO IN THE DEVELO	ALL 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 egislative requirements to first identify any site hazards, conduct unica those hazards and then to further take steps to either the sched or contained and hazard.	NAME	SIGNATURE	DATE						
If an incident or a near miss occurs, all work must supervised by the incident 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 (otherwis						
Project Address:				k	nown as scope of works).						
Project Manager:											
Contact Phone:											
Project Manager	Signature:										
Date SWMS supp	plied to Project Manag	er:									
		ANY HIG	H-RISK CON PUCT	N' JRK BEING							
involves a risk of	a person falling more than	2 meters.		is carried out on or near pressurised gas mains 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 st	ir 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 drown	ning.	involves diving wo	<sup>•</sup> k.						
		ANY	HIGH-RISK MACHINE		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		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	Mishandling Equipment, Incorrect setup of equipment	2М	<ul> <li>Conduct a comprehensive equipment handling training programme for all staff members.</li> <li>Develop and enforce a protocol for proper equivalent setup, aiming to minimise any risks associated with incorrect installation.</li> <li>Keep the workplace clean and organised, a prince the conveyor oven flat bed is located in a safe area away from crowded spectra raffic lines.</li> <li>Provide safety manuals and structions for use othe conveyor oven flat bed. Regularly supervise staff memorys to ensure they a of offering them correctly.</li> <li>Regularly inspect or excition to be conveyor oven that bed to identify any potential issues at could use at thems.</li> <li>Use approphing persons protective which ent (PPE) such as gloves, and heatresists approximations apprend injuries during operation of the conveyor flat bed.</li> <li>Have a tigency to ecclure in place, including easily accessible fire extinguishers and firs allosts.</li> <li>Prohibustafic ambers from operating the equipment if they're untrained, ill-nuippee or fathered.</li> <li>Do to endow the conveyor oven flat bed. Adhere strictly to the manufacturer's ad lime.</li> <li>Sure regular preventative maintenance of the conveyor oven flat bed by trained processionals to keep it in good condition.</li> <li>Mark hazardous areas around the work site where the equipment is being used to prevent any unauthorised access.</li> <li>Regularly review and update the Safety Work Method Statements (SWMS) to capture any new hazards that may arise or changes in the operations or equipments.</li> </ul>	1L	
2. Operate Conveyor Oven Flat Bed	Operator Injury from moving parts, Fire hazard	ЗH	<ul> <li>Ensure all operators receive thorough, consistent training on the proper operation of the flat bed conveyor oven, safety procedures and hazard recognition and mitigation.</li> <li>Always use appropriate personal protective equipment (PPE) such as heat resistant gloves, face shield or safety glasses when running the machine.</li> <li>Establish routine inspections and maintenance for the conveyor oven to prevent any mechanical failures that might lead to operator injury or instigate fire hazards.</li> <li>Install safeguards on the oven to protect from moving parts, making sure they are properly designed and do not interfere with the operation of the machine</li> <li>Make certain that an accessible and functional fire extinguisher is always in proximity of the machine for early response in event of potential fire outbreak.</li> <li>Implement documented shut down and start-up procedures to minimize risk associated with sudden operational errors that could cause fire incidents.</li> </ul>	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
			- Maintain cleanliness and ensure removal of combustible materials around the conveyor oven's vicinity to reduce initiation sources for fires.		
			- Develop an emergency action plan, including clear pathways to exits and regular drills, to ensure all workers know what to do in the of fire or other emergencies.		
			- Monitor the workspace temperature to many sure it doesn't reach levels that could ignite a fire or affect personnel health and saw.		
			- Encourage employees to report any unusual stands, smells, or malfunctions immediately so that potential, this can be addres. Thefore the social test into real hazards.		
			- Ensure all workers have complete manual having training, teaching them the correct lifting, of moving to iniques, prevent strain injuries.		
			- Improvent a two percentift policy for heavy loads. This can help distribute the weigh a subsequency reduce the chances of injury.		
			- Use come anical of is, such as pallet jacks or trolleys, should be encouraged to help with these lifting.		
			tems of the first that might cause someone to slip, trip or fall should be removed be. The pading process begins.		
			Approproprogram footwear with slip-resistant soles should be worn by all workers to vent slipping.		
3. Material Loading	Strain injury from lifting unput hazards		- Establish clear walkways and ensure they are kept clear of any obstacles or potential hazards.	1L	
0	from material		- Regularly inspect work area for any potential hazards, rectify if necessary.		
			- Make sure the work area is well-lit to see any possible safety risks.		
		٣	- Create a procedure where load sizes are evaluated prior to moving to ensure safe handling.		
			- All material should be promptly loaded onto the conveyor and safely secured.		
			- Workers should stay clear of the conveyor while it's running and avoid placing limbs in between running conveyors.		
			- Always conduct proper risk assessment and planning prior to beginning any task to determine potential accident scenarios and solutions.		
			- Encourage an open communication culture where employees feel comfortable reporting safety concerns or potential issues with workflow.		
4. Machine Start-up	Injury from Initial kickback or start-up, Electrical shock	3H		2M	



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR	RESPONSIBLE PERSON
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK	NAME OF PERSON



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR	RESPONSIBLE PERSON
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK	NAME OF PERSON
5. Operating Machine	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	2M	NAME OF PERSON
6. Quality Check	Eye strain, Repetitive motion injuries	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. Unloading Materials	Strain injury from lifting, Fall/trip hazards from material	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. Machine Shutdown	Electric shock, Accidental re-start	ЗН		2M	



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR	RESPONSIBLE PERSON
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK	NAME OF PERSON
9. Cleaning & Maintenance	Burn Injury from hot surfaces, Exposure to cleaning chemicals	ЗН		2M	



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR	RESPONSIBLE PERSON
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK	NAME OF PERSON
10. Troubleshooting/ Repair works	Electric shock, Injury from moving parts	ЗН		2M	



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR	RESPONSIBLE PERSON
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK	NAME OF PERSON
11. Operational Checks	Operational failures, Lacking scheruled servicing	2M		1L	



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR	RESPONSIBLE PERSON
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK	NAME OF PERSON
12. Material Storage	Fall/trip hazards film materi Mishandling equipm	2M		1L	
13. Documentation	Incorrect logging/record keeping, Miscommunication	1L		1L	

Version 2.5



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
14. Waste/ Scrap management	Improper disposal practices, Handling sharp objects	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
15. Training and Supervision	Incorrect operation, Non-compliance with safety standards	ЗН		2M	



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR	RESPONSIBLE PERSON
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK	NAME OF PERSON



#### **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 REF							
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: 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	Victoria Occupational Health as Safety Act and 4 Occupational Health and a fety or gulations 2017 Legistron VIC: <u>https://www.worksafe.vic.gov.au/occupational-health-and-safety-act-and-oulates</u> oulates to the solution of the state of the solution of the						
New South Wales         Work Health and Safety Act 2011         Work Health and Safety Regulations 2017         Legislation NSW: <a href="https://www.safework.nsw.gov.au/legal-obligations/legislative">https://www.safework.nsw.gov.au/legal-obligations/legislative</a> Codes of Practice NSW: <a href="https://www.safework.nsw.gov.au/resource-library/lis">https://www.safework.nsw.gov.au/legal-obligations/legislative</a>	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: <u>https://worksafe.nt.gov.au/laws-and-compliance/workplace-sect-laws</u> Codes of Practice NT: <u>https://worksafe.nt.gov.au/formediatesecters.compliance/worksafe.nt.gov.au/laws-and-compliance/workplace-sect-laws</u>	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: <a href="https://www.safework.sa.gov.au/resources/legislation">https://www.safework.sa.gov.au/resources/legislation</a> Codes of Practice for SA: <a href="https://www.safework.sa.gov.au/work">https://www.safework.sa.gov.au/work</a> 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: <a href="https://worksafe.tas.gov.au/topics/laws-and-compliance/acts-and-regulations">https://worksafe.tas.gov.au/topics/laws-and-compliance/acts-and-regulations</a>	<ul> <li>Model Codes of Practice</li> <li>Managing noise and preventing hearing loss at work</li> <li>Confined spaces</li> <li>Labelling of workplace hazardous chemicals</li> <li>Managing risks of hazardous chemicals in the workplace</li> <li>Welding processes</li> <li>First aid in the workplace</li> <li>Managing the risk of falls at workplaces</li> <li>Hazardous manual tasks</li> <li>Managing electrical risks in the workplace</li> <li>Demolition work</li> </ul>						
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.	<ul> <li>Excavation work</li> <li>Work health and safety consultation, cooperation and coordination</li> <li>Managing the work environment and facilities</li> <li>How to manage work health and safety risks</li> <li>Managing risks of plant in the workplace</li> <li>Construction work</li> </ul>						



#### 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:		

#### SAF WO STATEMENT MONITORING AND REVIEW

The SWMS must be reviewed regularly to revised if necessary) if relevant control measure are revised if necessary) if relevant control measure are revised if necessary if relevant control measure are revised of the SWMS and their health and safety representatives who reworkplace.

ke sure it remains effective and must be reviewed (and are subcontractions) who may be affected by the operation sentatives who received 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	