

Drop Saw SA	FE WORK METHOD STATE	EMENT (SWMS)	
	TASK OR ACTIVITY: Drop Saw		
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	THE PLAN 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 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 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 B 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 unical those hazards and then to further take steps to either the conditions of the conditions are or conditions.	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 CRIENT OR PRINCIPAL ONTRACTOR Client: Client: Client: Croject Name: Croject Address: Croject Address: Croject Manager: Croject Manager: Croject Manager: Croject Manager Signature: Croject Manager Signature:									
Client:						SCOPE OF WORKS			
Project Name:					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	N' JRK BEING	CARRIED OUT				
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 or near chemical, fuel or refrigerant lines.				
					☐ is carried out on or near energised electrical installations or services.				
☐ involves demolition of	of an element related to the	e physical integrit of a str	3	is carried out in	☐ is carried out in an area that may have a contaminated or flammable atmosphere.				
☐ involves, or is likely t	o involve, disturbing a es	stos.		☐ involves tilt-up o	☐ involves tilt-up or 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, railway, shipping lane or other traffic corridor.					
is carried out in or ne	ear 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 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.				
Contact Phone: Project Manager Signature: Date SWMS supplied to Project Manager: ANY HIGH-RISK CON *UC) ** JRK BEING JARRIED OUT Involves a risk of a person falling more than 2 meters. Involves a risk of a person falling more than 2 meters. Involves demolition of an element of a structure that is load-be in linvolves demolition of an element related to the physical integric of a structure involves, or is likely to involve, disturbing a lastos. Involves structural alteration or repair that for sumporary upps to prevent collapse. Involves demolition or near a confined space. Involves demolition or near a shaft or trench deeper than 1.5m or tunnel involving use of explosives. Involves demolition are as with artificial extremes of temperature.									
☐ 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	Tripping hazard, Electrical hazards	2M	 Inspect the work area for any obstructions, debris or uneven surfaces that may cause tripping hazards and clear them accordingly. Ensure the drop saw is placed on a stable, flat arface to minimise the risk of it toppling over and causing injury. Provide adequate lighting in the work area to insurre car visibility and reduce the likelihood of accidents. Secure and bundle loose of des, including electroal cords of the floor using cable tidies or other solutions to predent tripping hazards. Verify that all necessary by transport protective equipment (PPE) such as safety footwear, glover and eyelve or area for by the cokers before commencing the task. Cord of that a cork of nave received proper training and are familiar with the operator and said coadures of the drop saw. Perform to that any ork of nave received proper training and are familiar with the operator and said coadures of the drop saw. Perform to that may enance checks of the drop saw, particularly focusing on its electrical cord phents by identify any potential hazards and resolve them promptly. Implement a solution system of "tag out" or lockout if required during may enable, repairs or when not in use, to protect against accidental operation. Use post outlets with residual current devices (RCDs) to protect against electrical tack and ensure they are regularly tested. Aways unplug the drop saw from the power source when it's not in use, being serviced, or when changing the cutting blade. Maintain a safe distance between workers and the drop saw during operation to minimise the risk of accidental injury. Establish appropriate safety barriers or cordoned-off zones around the work area to contain any ejected material or debris and to restrict access by unauthorised personnel. Develop an emergency response plan and first aid kit preparedness to address potential accidents or injuries efficiently and effectively. Conduct reg	1L	
2. Inspection	Cuts and abrasions, Crush injuries	2M	 Conduct a thorough visual inspection of the drop saw before each use, checking for any visible damage, loose parts, or signs of excessive wear on the blade and other components. Ensure that all workers using the drop saw have received proper training and are familiar with the manufacturer's instructions, safe operating procedures, and relevant Workplace Health and Safety regulations. 	1L	



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			- Always wear appropriate PPE (personal protective equipment) including safety gloves, eye protection, and hearing protection when operating or working near the drop saw to reduce the risk of cuts, abrasions, and		
			- Confirm that the drop saw is set up on a stable evel surface, providing suitable support to minimise the risk of the saw tipp over or shifting during operation.		
			Check and adjust the drop saw's blade gual and rog knife before each use to ensure they are functioning correctly and province quate protection against contact with the moving blade. Keep work areas around the op saw clean and to terrice to reduce the risk of the contact with the cont		
			tripping or slipping by the leads to potential cuts a crush injuries. - Inspect mater poeing cut with the rop saw for my nails, screws, staples, or foreign object ambedded hin, and more nem before cutting to reduce chances of blad dama, kickba or further mads.		
		1	- Verice of the organized formula of the function of the prior to prome the prior to the prior		
			Maintain a safe distance and clear of the line of the cut while the saw is in coration. Following proper positioning techniques and avoiding placing hands too close to the blade can reduce the likelihood of accidental contact with the moving blade resulting in injury.		
			- Regularly service and maintain the drop saw in accordance with the manufacturer's recommendations to keep it in optimal working condition, ensuring all safety features and components function as intended and reducing the risk of workplace accidents.		
			- Proper training: Ensure all employees involved in operating or changing the blades are adequately trained in blade installation procedures to minimise the risk of improper work techniques.		
Blade Installation	Blade breakage, Finger amputation	3H	- Protective gear: Require workers to wear necessary protective equipment such as cut-resistant gloves, safety glasses, and steel-toe shoes during blade installation to minimise injury from potential hazards.	2M	
			- Inspect blades: Regularly inspect new and used blades for signs of damage or defects, such as cracks or missing teeth, to reduce the likelihood of blade breakage during operation.		
			- Blade handling guidelines: Implement and enforce safe blade handling guidelines that emphasise using both hands when installing or removing a drop saw blade to lower the risk of finger amputation.		



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			- Correct blade selection: Ensure that only appropriate blades designed for use with the specific drop saw model are installed to reduce the chance of blade breakage due to incompatibility.		
			- Use OEM-recommended parts: Replace damped or worn components of the saw, such as bolts or washers, with original many seturer approved parts to maintain overall system integrity and reduce risks as a size and equivariate defailure.		
			- Power disconnect: Always disconnect power and drop saw while installing or removing a blade to minimise the chances of an exidental state op or electric shock during the process.		
			- Firm work surface the top saw is placed on stable, non-slip work surface during bloomstanding moval to present accidents caused by the equipment slowing during to be task		
			- Guar hails are slamps and firm that a gradis are correctly adjusted and clamps are so tally fast and ring blade installation and removal to prevent accidental contains the bit is:		
			- Tool is ance: aduct regular preventative maintenance on the drop saw to ensure popular nction, and sharpness of the blade, reducing the likelihood of lade brookage and other hazards.		
	7		- Do the ation and record-keeping: Maintain an up-to-date logbook of blade hanges hintenance, and inspections to monitor any recurring issues and ensure timely replacement of worn or damaged blades.		
			- E. rergency preparedness: Develop an emergency response plan for incidents involving blade breakage or finger amputation, including training employees on first aid procedures and keeping appropriate first aid supplies on-site.		
			- Ongoing communication: Continuously communicate with employees about the importance of adhering to safety procedures and maintaining vigilance during blade installation and other routine tasks. Encourage a culture of open dialogue where workers feel comfortable sharing concerns or suggestions for improvement.		
			By implementing these control measures, the risks associated with blade installation in drop saw operations can be significantly reduced, fostering a safer work environment for employees at a Workplace Health & Safety Consultant's clients' worksites.		
4. Equipment Testing	Kickbacks, Noise-induced hearing loss	3H		1L	



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5. Setting up workspace	Inadequate lighting, Slips and falls	2M		1L	



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6. Material Positioning	Pinch points, Back strain	2M		1L	



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7. Making the Cut	Dust exposure, Kickbacke	3H		2M	



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8. Adjusting the Saw	Machinery entanglement, Eye injuries	2.		1L	



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9. Blade Replacement	Cuts and abrasion Blade breakage	ЗН		2M	



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0. Clearing Waste	Back strain, Tripp 1 hazard	2M		1L	



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11. Routine Maintenance	Electrical hazards, Machine, entanglement	2M		1L	



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12. Shut Down Process	Unintended startup, Electrical hazar	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

 $\underline{\textbf{Legislation QLD:}} \ \underline{\textbf{https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws}}$

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/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 al. Safety Act

Occupational Health and afety gulations 2017

Legis on VIC: https://www.xsafe.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.

Tollow ally sale work instructions which are provided, and agrees to use all reisonal riolective 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 the ke sure it remains effective and must be reviewed (and revised if necessary) if relevant control measure and subcontract as process should be carried out in consultation with workers (including contractors and subcontract as) who may be affected by the operation of the SWMS and their health and safety representatives who re essented 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				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				
them to understand and imp					tently developing ever-imp	3 ,	· '	
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	