

Dust Extractor Mobile | SAFE WORK METHOD STATEMENT (SWMS)

TASK OR ACTIVITY: Dust Extractor Mobile

| | | |
|-------------------------------------|----------------|--------|
| Business Name: [Company Name] | ABN: [ABN] | SWMS# |
| Business Address: [Company Address] | | |
| Contact Person: | Phone: [Phone] | Email: |

THIS SAFE WORK METHOD STATEMENT IS APPROVED BY THE PCBU OF THE PROJECT

Under the Work Health and Safety Regulation (WHS Regulation), a person conducting a business or undertaking (PCBU) is required to ensure that a safe work method statement (SWMS) is prepared before the proposed work starts.

Full Name:

Signature: _____ Title: _____ Date: _____

Details of the person(s) responsible for ensuring implementation, monitoring and compliance of the SWMS, as well as reviews and modifications of the SWMS.

Full Name: _____ Title: _____ Phone: _____

ALL PERSONNEL PARTICIPATING IN ANY ACTIVITY ON THIS SWMS MUST HAVE THE FOLLOWING COMMUNICATED | **NAME AND DATED SIGNATURE OF ALL RELEVANT PERSONNEL WHO HAVE BEEN CONSULTED AND COMMUNICATED TO IN THE DEVELOPMENT AND APPROVAL OF THIS SWMS**

| | NAME | SIGNATURE | DATE |
|--|------|-----------|------|
| Safety meetings or toolbox talks will be scheduled in accordance with legislative requirements to first identify any site hazards, to conduct and communicate those hazards and then to further take steps to either eliminate or control each hazard. | | | |
| If an incident or a near miss occurs, all work must stop immediately. 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 Provide a detailed description of the specific work being carried out (otherwise known as scope of works). |
| Project Name: | |
| Project Address: | |
| Project Manager: | |
| Contact Phone: | |
| Project Manager Signature: | |
| Date SWMS supplied to Project Manager: | |

ANY HIGH-RISK CONSTRUCTION WORK BEING CARRIED OUT

| | |
|---|---|
| <input type="checkbox"/> involves a risk of a person falling more than 2 meters. | <input type="checkbox"/> is carried out on or near pressurised gas mains or piping. |
| <input type="checkbox"/> is carried out on a telecommunication tower. | <input type="checkbox"/> is carried out on or near chemical, fuel or refrigerant lines. |
| <input type="checkbox"/> involves demolition of an element of a structure that is load-bearing. | <input type="checkbox"/> is carried out on or near energised electrical installations or services. |
| <input type="checkbox"/> involves demolition of an element related to the physical integrity of a structure. | <input type="checkbox"/> is carried out in an area that may have a contaminated or flammable atmosphere. |
| <input type="checkbox"/> involves, or is likely to involve, disturbing asbestos. | <input type="checkbox"/> involves tilt-up or precast concrete. |
| <input type="checkbox"/> involves structural alteration or repair that requires temporary support to prevent collapse. | <input type="checkbox"/> is carried out on, in or adjacent to a road, railway, shipping lane or other traffic corridor. |
| <input type="checkbox"/> is carried out in or near a confined space. | <input type="checkbox"/> is carried out in an area of a workplace where there is any movement of powered mobile plant. |
| <input type="checkbox"/> is carried out in/near a shaft or trench deeper than 1.5m or tunnel involving use of explosives. | <input type="checkbox"/> is carried out in areas with artificial extremes of temperature. |
| <input type="checkbox"/> is carried out in or near water or other liquid that involves a risk of drowning. | <input type="checkbox"/> involves diving work. |

ANY HIGH-RISK MACHINERY OR EQUIPMENT NEARBY

| | | | | | | | |
|---------------------------------------|---------------------------------------|---|------------------------------------|---|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Forklift | <input type="checkbox"/> Crane/s | <input type="checkbox"/> Hoist/s | <input type="checkbox"/> Excavator | <input type="checkbox"/> Backhoe/Loader | <input type="checkbox"/> Boom Lift | <input type="checkbox"/> EWP | <input type="checkbox"/> Genie Lift |
| <input type="checkbox"/> Trencher | <input type="checkbox"/> Drilling Rig | <input type="checkbox"/> Trucks | <input type="checkbox"/> Formwork | <input type="checkbox"/> Bobcat | <input type="checkbox"/> Flammable Gas | <input type="checkbox"/> Fuel | <input type="checkbox"/> Dozer |
| <input type="checkbox"/> High Voltage | <input type="checkbox"/> Mulcher | <input type="checkbox"/> Tilt-up Panels | <input type="checkbox"/> Roller | <input type="checkbox"/> Scissor Lift | <input type="checkbox"/> Tractor | <input type="checkbox"/> Other - | |

RISK MATRIX

| LIKELIHOOD | INSIGNIFICANT | MINOR | MODERATE | MAJOR | CATASTROPHIC | SCORE | ACTION | HEIRARCHY OF CONTROLS |
|----------------|---------------|------------|------------|---------|--------------|-------------|-----------------------------------|--|
| ALMOST CERTAIN | 3 HIGH | 3 HIGH | 4 ACUTE | 4 ACUTE | 4 ACUTE | 4A ACUTE | DO NOT PROCEED | Elimination Remove the hazard. |
| LIKELY | 2 MODERATE | 3 HIGH | 3 HIGH | 4 ACUTE | 4 ACUTE | 3H HIGH | Review before work starts. | Substitution Replace the hazard. |
| POSSIBLE | 1 LOW | 2 MODERATE | 3 HIGH | 4 ACUTE | 4 ACUTE | 2M MODERATE | Ensure control measures in place. | Isolation Isolate People from the hazard |
| UNLIKELY | 1 LOW | 1 LOW | 2 MODERATE | 3 HIGH | 4 ACUTE | 1L LOW | Monitor and keep records | Engineering Isolate the hazard. |
| RARE | 1 LOW | 1 LOW | 2 MODERATE | 3 HIGH | 3 HIGH | | | Administrative Change the work. |
| | | | | | | | | PPE |

Notes on Hierarchy of Controls: Elimination methods are the most effective and preferred when controlling a hazard. Substitution is the second most effective method of controlling a hazard. Engineering by isolation is the third most effective, while Administrative Controls by changing the work is the fourth most effective method. PPE (Personal Protective Equipment) is the least effective method.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

| FOOT PROTECTION | HAND PROTECTION | HEAD PROTECTION | HEARING PROTECTION | EYE/FACE PROTECTION | RESPIRATORY PROTECTION | FACE PROTECTION | HIGH-VIS CLOTHING | PROTECTIVE CLOTHING | FALL PROTECTION | SUN PROTECTION | HAIR/JEWELLERY SECURED |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Select the 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 | Trip hazards, Manual handling injuries | 2M | <ul style="list-style-type: none"> - Conduct a pre-work inspection to identify and remove potential trip hazards like cables, tools, and debris around the work area. - Clearly mark designated walkways and paths to minimise the risk of tripping over equipment or debris. - Use warning signs and barriers to inform workers and visitors about potential hazards in the area, especially where cables are running across walkways. - Ensure proper lighting in the work area to increase visibility of potential trip hazards. - Implement a 'clean as you go' policy within the workspace to maintain a clutter-free environment and reduce trip risks. - Provide appropriate Personal Protective Equipment (PPE) such as steel-toed boots, gloves, and high-visibility vests to workers during the preparation stage. - Train employees on proper lifting techniques and manual handling best practices to avoid back, neck, and shoulder injuries. - Utilise lifting and carrying aids like trolleys and wheelbarrows to transport heavy items and reduce manual handling injuries. - Encourage teamwork and communication among workers when carrying out tasks that require coordination, like moving large equipment together, to avoid any sudden or unsafe movements. - Incorporate short breaks into the work schedule to allow workers to rest their muscles and minimise the chances of fatigue-related injuries. - Regularly review and update standard operating procedures (SOPs) for work tasks to ensure they remain up-to-date with industry best practices regarding safety and ergonomics. - Foster a culture of safety by encouraging workers to report possible hazards or incidents, and take timely action to resolve them. - Conduct regular toolbox talks and worker training sessions to raise awareness about workplace health and safety, specifically focusing on the importance of hazard identification and prevention during the preparation stage. | 1L | |
| 2. Transporting system | Collision, Back strain | 2M | <ul style="list-style-type: none"> - Regularly inspect and maintain the dust extractor mobile equipment, ensuring that its wheels or casters are functioning correctly for seamless transportation. - Designate specific pathways for transporting the dust extractor system to minimise the risk of collision with other objects or personnel. - Provide adequate lighting in the area where the dust extractor mobile will be transported to ensure clear visibility for the operator. - Conduct a toolbox talk at the start of each shift to brief the team on proper handling techniques and safe practices when transporting the dust extractor mobile system. | 1L | |

SAMPLE

| 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 |
| | | | <ul style="list-style-type: none"> - Use warning signs or delineate the work zone to inform others of the ongoing activity and prevent them from inadvertently entering the hazardous area. - When selecting an operator for transporting the dust extractor mobile system, ensure they are physically capable and have received proper training to minimise the risk of back strain or injury. - Encourage the use of appropriate personal protective equipment (PPE) such as safety boots, gloves, and high-visibility vests to reduce the risk of injuries during the transportation process. - Implement a buddy system when necessary, requiring two or more workers to collaborate during the transport process to share the load, effectively reducing the risk of back strain, injury due to overexertion. - Establish a communication protocol among team members using hand signals or verbal cues to enhance coordination and efficiency during the transportation process. - Set a speed limit for transporting the dust extractor mobile system to minimise the chance of losing control and causing collisions or accidents. - Instruct the operator to be cautious around blind spots or tight corners, and employ spotters if needed to guide and direct them safely through tricky areas during transportation. - Enforce regular breaks or rotation of duties among operators to prevent fatigue or strain accumulation while performing the task, thereby reducing the potential for mishaps or injuries. | | |
| 3. Assembling unit | Pinch points, Falling objects | 2M | <ul style="list-style-type: none"> - Conduct a pre-start safety briefing with all workers involved in the assembly process, addressing potential hazards and safe work practices for assembling the dust extractor mobile unit. - Provide proper training on the proper handling and safe operating procedures for assembling the dust extractor mobile unit to all workers involved. - Ensure that only trained and authorised personnel are allowed to assemble the dust extractor mobile unit. - Use appropriate personal protective equipment (PPE) while assembling the unit, including gloves, safety glasses, and steel-toed boots or shoes to protect from pinch points and falling objects. - Inspect tools and equipment used for assembling the unit for any defects, ensuring they are in good condition and fit for use. - Follow the manufacturer's recommendations and guidelines for assembling the dust extractor mobile unit, including correct placement of components and use of applicable hardware. | 1L | |

SAMPLE

| 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 |
| | | | <ul style="list-style-type: none"> - Ensure clear communication between team members during the assembly process using standard hand signals, radios, or other communication devices when applicable. - Establish and maintain minimum safe distance from pinch points and falling object hazards for workers not directly involved in the assembly process. - Implement proper housekeeping measures around the work area to prevent tripping or slipping hazards that could contribute to falling objects or pinch point injuries. - Securely fasten all components and fittings to avoid parts dislodging or falling during use, following the manufacturer's guidelines. - When lifting or moving heavy components during assembly, utilise proper lifting techniques and mechanical aids such as hoists or forklifts to reduce the risk of injury from pinch points or dropped items. - Routinely inspect the work area throughout the assembly process, ensuring that no new hazards have arisen and control measures are continually adhered to. - Employ lockout/tagout procedures when necessary to eliminate any unexpected movement of equipment or parts during assembly. - Conduct a final inspection of the assembled dust extractor mobile unit, ensuring all components are securely fastened and in compliance with manufacturer guidelines before use. | | |
| 4. Pre-use inspection | Electric shock, Dust inhalation | 2M | [REDACTED] | 1L | [REDACTED] |

SAMPLE

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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 |
| | | | [REDACTED] | | |
| 5. Positioning | Toppling over, Crush injuries | 2M | [REDACTED] | 1L | |

SAMPLE

| 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 |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| 6. Connecting power supply | Electric shock, Fire hazard | 3H | [REDACTED] | 2M | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |

SAMPLE

| 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 |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| 7. Operating system | Entanglement, Noise exposure | 3H | [REDACTED] | 2M | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |

SAMPLE

| 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 |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| 8. Monitoring performance | Overheating, Crush injury | 2M | [REDACTED] | 1L | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |

SAMPLE

| 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 |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |
| 12. Storing equipment | Trip hazards, Inadequate storage | 1L | [REDACTED] | 1L | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | |

SAMPLE

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 FOR ANY STATE THAT ARE NOT APPLICABLE

| | |
|---|--|
| <p>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</p> | <p>Victoria Occupational Health and Safety Act 2004 Occupational Health and Safety Regulations 2017 Legislation VIC: https://www.worksafe.vic.gov.au/occupational-health-and-safety-act-and-regulations Codes of Practice VIC: https://www.worksafe.vic.gov.au/compliance-codes-and-codes-practice</p> |
| <p>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/legislation Codes of Practice NSW: https://www.safework.nsw.gov.au/resource-library/list-of-codes-of-practice</p> | <p>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</p> |
| <p>Northern Territory Work Health and Safety (National Uniform Legislation) Act 2011 Work Health and Safety (National Uniform Legislation) Regulations 2011 Legislation NT: https://worksafe.nt.gov.au/laws-and-compliance/workplaces-and-laws Codes of Practice NT: https://worksafe.nt.gov.au/laws-and-compliance/codes-of-practice</p> | <p>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</p> |
| <p>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/workplaces/codes-of-practice#COPs</p> | <p>Model Codes of Practice</p> <ul style="list-style-type: none"> - 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 |
| <p>Details of permits, licenses or access required by regulatory bodies (add or delete as required):</p> <ul style="list-style-type: none"> - Permits from local council - Authorisation to commence 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: | | |
| | | | Date: | | |
| | | | Date: | | |
| | | | Date: | | |
| | | | Date: | | |
| | | | Date: | | |
| | | | Date: | | |

SAFE WORK METHOD STATEMENT MONITORING AND REVIEW

The SWMS must be reviewed regularly to make sure it remains effective and must be reviewed (and revised if necessary) if relevant control measures are needed. 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 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 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. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Names and signatures of all relevant personnel consulted during the development of the SWMS. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Name, signature, position and date signed of the person approving the SWMS. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Specific personnel and qualifications, experience is noted in the SWMS. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Provides a step-by-step process of tasks required to carry out the activity or task. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Adequate risk assessment of any identified hazards has been completed. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Foreseeable hazards are identified and documented for each step. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Any hazards listed in any site risk assessments have been added to the SWMS. | <input type="checkbox"/> | <input type="checkbox"/> | |
| SWMS initial risk (IR) column as well as residual risk (RR) columns completed. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Check control measures added to the SWMS are the most effective solutions. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Responsible person is assigned and listed on the SWMS for the implementation of control measures. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Permit requirements specified, such as Hot Work, Electrical Work, Work at Heights etc. | <input type="checkbox"/> | <input type="checkbox"/> | |
| SWMS identifies plant and equipment to be used. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Details of inspection checks required for any equipment listed are noted on the SWMS. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Describes any mandatory qualifications, experience, training, skills required to perform the work. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Applicable personal protective equipment is selected on the SWMS. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lists any required permits or licenses. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Reflects and documents any legislative references and/or Australian Standards. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Identifies any hazardous substances used with specific control measures in line with any SDS. | <input type="checkbox"/> | <input type="checkbox"/> | |
| REVIEWED BY | | DATE REVIEWED | |
| SIGNATURE | | DATE COMPLETED | |