

Fall Arrest Systems	SAFE WORK METHOD S	TATEMENT (SWMS)	
TAS	SK OR ACTIVITY: Fall Arrest Syst	ems	
Business Name: [Company Name]		ABN: [ABN]	SWMS#
Business Address: [Company Address]			
Contact Person:	Phone: [Phone]	E fil:	
THIS SAFE WORK METHOD	STATEMENT IS APPROVED BY	THE PLOOF 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 VMS. 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	N' JRK BEING	CARRIED OUT				
☐ involves a risk of a p	erson falling more than 2 n	neters.		is carried out on or near pressurised gas mains or piping.					
☐ is carried out on a te	lecommunication tower.		M + M	is carried out on	is carried out on or near chemical, fuel or refrigerant lines.				
☐ involves demolition of	of an element of a structure	that is load-be		is carried out on or near energised electrical installations 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 contaminated or flammable atmosphere.					
☐ involves, or is likely t	o involve, disturbing a es	stos.		☐ 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	is carried out in areas with artificial extremes of 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	Uneven surfaces, overhead hazards	2M	 Conduct a thorough site inspection prior to work commencement to identify uneven surfaces and overhead hazards, documenting any across of concern. Ensure workers receive proper training in idea and potential hazards associated with the use of fall arrest systems, as well a sechniques for preventing accidents. Provide workers with personal protective expanents. E) such as slip-resistant footwear, hard hats, and safety glasses to protect painst the identified hazards. Establish designated walkings or pathways through work across that are clearly marked and free from obstacle ansuring that these remainstently maintained. Install appropriate company by basens, warning signs, and/or caution tape around hazardous arrows alert we error as prevent a culental access. Keep the word title clean and well-orgation by promptly removing debris, tools, and resonant to come cause tripping, azards or other accidents. Utilish as quate to ting in work areas to ensure visibility, taking care not to create glare, inicipan be chadditional hazard to workers. Incorporate to use on welling tools and materials as necessary to stabilise work afforms and labers, reducing the likelihood of falls and other incidents related to union so faces. Schede regular breaks for workers, allowing them to rest and recover, which has maintain proper vigilance when working within hazardous environments. Implement a buddy system where workers are encouraged to report potential nazards immediately, fostering a proactive safety culture among the team members. Perform periodic supervision and site audits throughout the project duration, ensuring compliance with established safety measures and procedures, and revising practices as necessary to accommodate changes or new hazards encountered. 	1L	
2. Equipment selection	Incorrect size, lack of training	ЗН	 Proper training: Ensure all workers using the fall arrest systems have been adequately trained in selecting the right equipment and its safe usage. Correct size selection: Workers must select the correct size of harnesses, lanyards, and other necessary equipment for proper fit and function. Inspection before use: Thoroughly inspect all fall arrest equipment daily prior to each use for signs of wear, damage or defects that may impact its effectiveness. Consultation with suppliers: Collaborate with competent equipment providers to ensure the suitability of materials and products being used in accordance to relevant standards. Equipment compatibility: Verify that all components of the fall arrest system are compatible and suitably rated for the intended application. Manufacturer's instructions: Always follow the manufacturer's recommendations and guidelines on the selection, installation, and maintenance of fall arrest systems. 	2M	



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			- Proper storage: Store all equipment in a clean, dry, and well-ventilated area that is free from direct sunlight, extreme temperatures, and exposure to chemicals.		
			- Weight capacity considerations: Ensure that the farrest system has the appropriate weight capacity to support the work with their tools and equipment.		
			- Regular maintenance: Schedule periodic sintenance cks on all fall arrest equipment and keep records of inspection records as a suired by legislation and industry best practices.		
			- Clear communication: Encourage open communication among workers to share knowledge on proper equipment selection and haza idea acation.		
			- Personal Protection Eq. ment PE): Require workers to wear suitable PPE, such as helmets an experience in, which tillising for crest systems.		
			- Tool tethering Implement ool tether cocols to prevent tools from falling and causing opening in a part of the company of the		
			- Eme e v response e plan: Develop and implement a clear emergency response plan for addressing a 'dents involving fall arrest equipment.		
			- Continguals, proven at: Encourage workers to suggest improvements for safer rk processes and procedures, promoting a robust safety culture within the workers to suggest improvements for safer rk processes and procedures, promoting a robust safety culture within the		
			spection and Maintenance: Regularly inspect fall arrest anchorage systems for significant street of wear and tear, including faulty connections and corrosion. Schedule routine maintenance to keep equipment in optimal working condition.		
	Faulty connections, corrosion		- Proper Anchorage Selection: Select appropriate anchorage points based on the type of work being performed and the specific requirements of the fall arrest system. Ensure that anchorages are designed and rated for use with the chosen fall arrest equipment.	3H	
Fall arrest anchorage			- Quality Control: Use only high-quality, certified fall arrest anchorage systems from reputable suppliers to reduce the risk of faulty connections and corrosion-related incidents.		
installation		4A	- Cleanliness: Keep all components of the fall arrest system free from dirt and debris, which can contribute to corrosion and impaired functionality. Proper cleaning procedures should be followed according to the manufacturer's guidelines.		
			- Training: Provide thorough training for workers on the correct installation and inspection procedures for fall arrest anchorage systems. Workers should be able to identify potential hazards, such as faulty connections and corrosion, and report them immediately.		
			- Redundancy: Implement a redundant fall arrest system to ensure that if one anchorage point fails, the worker is still protected by another secure anchorage point. This allows for an additional safeguard against faulty connections or corroded anchorages.		



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			- Use of Corrosion-Resistant Materials: Utilise fall arrest anchorage systems made of materials that are resistant to corrosion, such as stainless steel or galvanized steel, to minimise the likelihood of corrosion-related issue		
			- Environmental Considerations: Assess the specific environmental conditions of the worksite (e.g., exposure to moisture, chemically, or salt) and select appropriate fall arrest anchorage systems that can withstan these controls without compromising safety.		
			- Safe Work Procedures: Establish and enforce a gwork procedures that prioritise proper installation and inspect to of fall arrest and tage strongs. These should include step-by-step instruction for workers to follow the step-by-step instruction for workers the step-by-step instruction for workers to follow the step-by-step instruction for workers to follow the step-by-step instruction for workers t		
			- Incident Rectung and In stigatic Encours workers to report any concerns or incidents involving faulty of nections of solid in fall arrest anchorage systems. Promoting the test of the reports and the corrective action as needed to prevent future our renct of gularly review and update safety procedures based on lessor the need from these investigations.		
4. Harness inspection	Damaged, worn equipmen	ЗН		1L	



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5. Harness fitting	Incorrectly fitted, tangled	ЗН		2M	



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6. Attachment to anchor point	Incorrect hook-up, weak anchorage points	4A		ЗН	



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7. Work at height commencement	Poor communication, worker distraction	2M		1L	



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8. Monitoring and adjusting fall arrest systems	System malfunction, interference	ЗН		2M	



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9. Rescue/evacuation readiness	Lack of procedures, inadequate training	4A		2M	



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JOB STEP SPECIFIC WORK STEPS	POTENTIAL HAZARDS HAZARDS THAT MAY ARISE	IR INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RR RESIDUAL RISK	PERSON NAME OF PERSON
	5				
10. Regular system inspection	Miscommunication, overlooking issues	2M		1L	



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11. Dismantling the system	Dropping objects, entanglement	ЗН		2M	



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12. Storage and maintenance	Improper storage, neglecting maintenance	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 any sale work instructions which are provided, and agrees to use all resonal riotective Equipment where appropriate.							
Worker Name	Pos	sition	Signature	Date	Time	Sup	pervisor	
				Date:				
			_					
			Date					
			l te:					
			AV	Date:				
				Date:				
				Date:				
SAF WC A STHED STATEMENT MONITORING AND REVIEW								
The SWMS must be reviewed regularly to take 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 redesented 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 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	