

Hand Tools   S	AFE WORK METHOD STAT	EMENT (SWMS)	
	TASK OR ACTIVITY: Hand Tools	5	
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 PL OF THE PROJECT	
Under the Work Health and Safety Regulation (WHS Regulation), a person conducte proposed work starts.	cting a business or undertaking (N_BU) is	required to ture that a safe work method s	statement (SWMS) is prepared before
Full Name:			
Signature:		Title:	Date:
Details of the person(s) responsible for ensuring implementation, monitoring a	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. TE AND DATED SIGNATURE OF A CO. MUNICATED TO IN THE DEVELO	LL 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 sched or conduct a chazard.	NAME	SIGNATURE	DATE
If an incident or a near miss occurs, all work must study unately. 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.			



		C	LIENT OR PRINCIPAL	CONTRACTOR DE	TAILS				
Client:					SCOPE OF WORKS				
Project Name:							k being carried out (otherwise		
Project Address:				ŀ	known as cope of works).				
Project Manager	:								
Contact Phone:									
Project Manager	Signature:								
Date SWMS sup	plied to Project Manag	er:							
		ANY HIG	H-RISK CON TUCT		ARRIED OUT				
involves a risk of	a person falling more than	2 meters.		is carried out on of	near pressurised gas main	s or piping.			
is carried out on	a telecommunication tower			☐ is carried out on or near chemical, fuel or refrigerant lines.					
involves demoliti	on of an element of a struct	ure that is load-be		☐ is carried out on or near energised electrical installations or services.					
involves demoliti	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	mporan 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 c	or 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/r	near 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 c	or near water or other liquid	that involves a risk of drown	ning.	involves diving wo	rk.				
		ANY	HIGH-RISK MACHINE	RY OR EQUIPMENT	NEARBY				
Forklift	Crane/s	☐ Hoist/s	Excavator	Backhoe/Loader	Boom Lift	EWP	Genie Lift		
Trencher	Drilling Rig	Trucks		Bobcat	E Flammable Gas	Fuel	Dozer		
High Voltage	Mulcher	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
			- Inspect all electrical equipment and hand tools before use; look for damaged cords, plugs, or casing that might expose workers to the risk of an electric shock.		
			- Ensure that all hand tools have a current PAT ortable Appliance Test) to verify they are safe for use and tested regularly an or the legal requirements.		
		- Provide training to staff on the correct use, rage a maintenance of hand tools to minimise the risk of accidents.			
			- Encourage workers to weak to-resistant footweet and work to oves, reducing the chances of both slips and falls of any injuries from toprotect handling of hand tools.		
			- Keep the workplane case and he from obstructions, debris, or liquid spills that may cause slipe apps, or fair during reparation and while using hand tools.		
1. Preparation	Electric shock, Slips and falls	2M	- Store hand this proper build designation as when not in use, preventing clutter and the sting this kelik a of slipping over misplaced tools.	1L	
			- Place woring sign cones, or barriers around wet floor areas and other potential slip and fail bzards valert workers to be cautious and avoid falls during prepare bn.		
			Ise Ground Part Circuit Interrupters (GFCIs) on all electrical outlets and extension convinted in the work area to prevent electric shocks if a fault occurs.		
			Ensure of t adequate lighting is available in the working area, allowing workers to a clearly and safely handle and prepare hand tools without the risk of slipping or fat a.		
	C		Develop an emergency response plan that includes steps for addressing electric shock incidents, slips, and falls, ensuring personnel are trained and aware of the appropriate actions to take in the event of an accident.		
	0		<ul> <li>Ensure proper training for all employees to familiarise them with the correct tools and their specific usage related to each task, allowing them to identify when an incorrect tool is being used.</li> </ul>		
			- Regular inspection of tools by a designated person responsible for maintaining the quality and safety of hand tools in the workplace.		
2. Tool Selection	Incorrect tool, Damaged tools	2M	<ul> <li>Implement a well-organised tool storage system in the workplace where all tools have a designated spot, making it easier to identify and select the appropriate tool for the job at hand.</li> </ul>	1L	
			- Develop clear guidelines for employees on how to report damaged or worn-out tools and establish a process for replacing those tools promptly.		
			- Provide protective equipment, such as gloves or goggles, to be worn by employees when needed, which can help prevent injuries from a damaged or incorrect tool.		
			- Create a tool purchase list with detailed specifications for each required tool and ensure that only these approved tools are bought for use in the workplace.		



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> <li>Train employees on how to visually inspect hand tools before use for any signs of wear, cracks, or damage, helping to identify potential hazards before they become problematic.</li> <li>Ensure proper maintenance of tools by following manufacturer's instructions and set a regular maintenance schedule for all block tools.</li> <li>Establish a 'zero tolerance' policy regarding be used paraged or inappropriate hand tools, with clear consequences for any blocks of this rule.</li> <li>Encourage a culture of ope communication and edback count employees feel comfortable reporting any concerns or issues regare to the selection or their condition.</li> <li>Conduct regressasses in its of too hand tool used in the workplace, including documenting beir current redditions of didensing any potential risks associated with continue are.</li> <li>Mainware tool herebory list and check off tools that have been inspected, repaired or reprise ensuring that management has an up-to-date record of the hand tool inventor in the workplace.</li> </ul>		
	1		Review he do not measures periodically to check their effectiveness and adjust to mast needed continuously improve workplace safety in relation to hand tool use.		
			<ul> <li>proper lifting techniques and recognizing their physical limitations.</li> <li>Use appropriate mechanical aids or equipment, such as trolleys, pallet jacks, or hoists, whenever possible to minimise manual handling risks.</li> </ul>		
			- Implement a buddy system or team lifting approach for heavier or awkwardly- shaped hand tools to reduce the potential for injury.		
			- Store hand tools in designated, easily accessible storage areas that minimise the need for excessive bending, reaching, or twisting during handling.		
3. Handling	Manual handling injuries, Contact with sharp edges	ЗH	- Prioritise regular and frequent breaks to prevent fatigue and allow workers to recover from any muscle strain caused by handling hand tools.	2M	
			- Ensure all hand tools are maintained in good condition, with no sharp edges or damage that could cause injury during handling.		
			<ul> <li>Encourage workers to wear appropriate personal protective equipment, such as gloves or safety shoes, to protect against contact with sharp edges or potential falling objects.</li> </ul>		
			- Implement the correct disposal procedures for broken or damaged tools, preventing inadvertent contact with sharp edges during handling.		
			- Establish clear pathways and housekeeping practices to minimise trip hazards and other obstructions when carrying or moving hand tools around the worksite.		



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
			- Develop an ergonomics programme to evaluate the design and selection of hand tools for worker comfort, reducing the risk of long-term strain and injury associated with handling.		
			- Regularly inspect and maintain hand tool store a solutions to ensure they remain stable, secure, and fit for purpose.		
			- Promote open communication channels for portion of hazardous conditions or concerns related to handling and storage of hazardous, facilitating quick remediation and hazard mitigation.		
4. Cutting and Grinding	Eye injury, Noise posure	3H		2М	



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. Drilling	Kickback, Entanglement	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
6. Fastening	Hand and finger injuries, Over-tightening	2М		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. Measuring and Marking	Inaccurate measurements, Sharp objects	1L		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. Assembly	Pinch points, Awkward postures	2М		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
9. Disassembly	Dropping parts, Pinch points	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
10. Cleaning and Maintenance	Chemical exposure, Hand injuries	2M		1L	

Version 2.5

Date of Issue:



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
12. Inspection and Testing	Faulty equipment, Electric shock	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









#### 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.

	REFERENCES				
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: <u>https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws</u> Codes of Practice QLD: <u>https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice</u> Legislation ACT: <u>https://www.worksafe.act.gov.au/laws-and-compliance/codes-of-practice</u> Codes of Practice ACT: <u>https://www.worksafe.act.gov.au/laws-and-compliance/codes-of-practice</u>	Victoria Occupational Health and Safety Active 04 Occupational Health and unfetwing gulations 2017 Legismon VIC: <u>https://www.worksafe.vic.gov.au/occupational-health-and-safety-act-and- tulatures</u> Undes of mactice VICe <u>witps://www.worksafe.vic.gov.au/compliance-codes-and-codes-practice</u>				
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/legislatic">https://www.safework.nsw.gov.au/legal-obligations/legislatic</a> Codes of Practice NSW: <a href="https://www.safework.nsw.gov.au/resource-library/lis">https://www.safework.nsw.gov.au/legal-obligations/legislatic</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 201. Legislation NT: https://worksafe.nt.gov.au/laws-and-compliance/workplace-servelaws Codes of Practice NT: https://worksafe.nt.gov.au/	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: <u>https://www.safework.sa.gov.au/resources/legislation</u> Codes of Practice for SA: <u>https://www.safework.sa.gov.au/wor/caces/codes-of-practice#COPs</u>	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				
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/cacts-and-regulations">https://worksafe.tas.gov.au/topics/laws-and-compliance/cacts-and-regulations</a> Codes of Practice for TAS: <a href="https://worksafe.tas.gov.au/topics/laws-and-compliance/cacts-and-practice">https://worksafe.tas.gov.au/topics/laws-and-compliance/cacts-and-regulations</a>	<ul> <li>First aid in the workplace</li> <li>Managing the risk of falls at workplaces</li> <li>Hazardous manual tasks</li> <li>Managing the risk of falls in housing construction</li> <li>Managing electrical risks in the workplace</li> <li>Demolition work</li> <li>Excavation work</li> </ul>				
Details of permits, licenses or access required by regulatory bodies (add or delete as required): - Permits from local council - Authorisation to commence work	<ul> <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>				

- 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:		
			Datu		
			ı te:		
			Date:		

#### SAF WC A STHUD STATEMENT MONITORING AND REVIEW

The SWMS must be reviewed regularly to review the sure it remains revised if necessary) if relevant control measure are a conconsultation with workers (including contractors are subcontract of the SWMS and their health and safety representatives who re workplace.

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 vaining 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 COMPLETED		