

Key Cutting Machine	e SAFE WORK METHOD S	STATEMENT (SWMS)	
TAS	K OR ACTIVITY: Key Cutting Mad	chine	
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 POST THE PROJECT	
Under the Work Health and Safety Regulation (WHS Regulation), a person conduct the proposed work starts.	cting a business or undertaking (I 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	compliance of the SWMS well as review	s and modifications of the SWMS.	
Full Name:		Title:	Phone:
ALL PERSONNEL PARTICIPATING IN ANY ACTIVITY ON THIS WMS. ST HAVE THE FOLLOWING COMMUNICATED	N. 1E AND DATED SIGNATURE OF A 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 agislative requirements to first identify any site hazards, conditions unical those hazards and then to further take steps to either the conditions of the cond	NAME	SIGNATURE	DATE
If an incident or a near miss occurs, all work must structured. 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 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:							
Contact Phone: Project Manager Signature: Date SWMS supplied to Project Manager: ANY HIGH-RISK CON PUC1 NORK BEING CARRIED OUT involves a risk of a person falling more than 2 meters. involves a risk of a person falling more than 2 meters. is carried out on a telecommunication tower. is carried out on a telecommunication tower. involves demolition of an element of a structure that is load-bein. involves demolition of an element related to the physical integrit of a structure. involves, or is likely to involve, disturbing a cuestos. involves, or is likely to involve, disturbing a cuestos. involves structural alteration or repair that its a comporally uppents o prevent collapse. is carried out on, in or adjacent to a road, railway, shipping lane or other traffic corridor.								
☐ involves a risk of a p	erson falling more than 2 n	neters.		is carried out on	or near pressurised gas mains	s or piping.		
is carried out on a te	lecommunication tower.		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 ins	stallations 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 conta	minated or flammable atmo	sphere.	
☐ 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, railwa	ay, shipping lane or other tr	affic corridor.	
is carried out in or ne	ear a confined space.			is carried out in	an area of a workplace where t	there is any movement of po	owered 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.			
		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	Poor lighting, Incorrect PPE selection	2M	 Ensure adequate lighting is provided in the work area, making use of natural lighting where possible and supplementing with task checific artificial lighting if required. Conduct a risk assessment to determine the appropriate Personal Protective Equipment (PPE) necessary for key cutting to ks. Provide workers with clear instructions on the contract usage and maintenance of PPE, including training sessions if needed. Implement a system for regulating pection and repulses of PPE to guarantee each piece is function to otimal and remains up-to use with safety standards. Encourage wholes to reput any appropriation of products with PPE and promptly address contracts to maint or a safe region and. Clear mark to signate work areas was proper signage and barricades to facilitate order is cration; so maint or a safe region and. Develop and timple ont a Key Cutting Machine Safe Work Method Statement (SWMS to puride a sitematic approach to managing risks associated with the nation operation. Incoming the analysis operation of complying with each outlined control measure. Istablish and enforce standard operating procedures (SOPs) for the key cutting machine and related equipment to guarantee optimal functionality and safety. Allocate sufficient break times for workers, encouraging regular short breaks to prevent fatigue and maintain mental alertness. Instruct workers on the correct ergonomic posture for key cutting tasks, minimising the potential for repetitive strain injuries. Keep the work area clean and free of debris, performing regular housekeeping tasks to maintain a tidy and safe environment. Incorporate a dynamic risk assessment strategy that allows workers to continually assess and manage hazards as they emerge, adapting their approach to maintain a safe workplace. 	1L	
2. Machine Set-Up	High noise level, Electrical hazards	ЗН	 Inspect all electrical equipment, including the key cutting machine, power cords, and outlets for any visible signs of damage before use. Ensure the key cutting machine is securely set up on a stable, flat surface, and that it is positioned away from any wet or damp areas to prevent the risk of electrical shocks. 	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
			 Verify that the power supply voltage matches the specifications of the key cutting machine to avoid electrical overloading and potential hazards. 		
			- Wear appropriate personal protective equipment (E), such as safety glasses, earmuffs and/or earplugs, to protect from flying or		
			- Prioritise regular maintenance checks and specific and key cutting machine as per manufacturer's guidelines, to ensure it open an afely and efficiently at all times.		
			- Keep the working area tidy and clutter-free to making triprocupated and allow for unhindered access to essemble equipment, including a congency stop buttons and power isolating switch		
			- Ensure that a simployee peratic the key or sig machine have received appropriate to sing and ar least ware on the reference ware of the reference ware o		
			- Where sible, rement engineering controls to decrease noise levels, by isolatily the key current grachine or installing sound-absorbing materials in the immediate variety.		
			Only at wave rised personnel in the key cutting machine workspace, keeping a cess ry star pembers away from potential hazards.		
			Displace ar signage indicating the presence of high noise levels and electrical zards warfin the work area to raise awareness among employees.		
			- ow a strict lockout/tagout (LOTO) procedure when performing maintenance or repairing the machine, ensuring adequate de-energisation and isolation of electrical sources.		
	5		 Conduct regular risk assessments to monitor and evaluate the effectiveness of current control measures, identifying opportunities for improvements in safety precautions where necessary. 		
			- Encourage open communication among workers, promptly addressing concerns relating to the key cutting machine and ensuring all incidents are reported and adequately investigated.		
			- Provide adequate training: Ensure all employees are fully trained in the proper use of the key cutting machine and the selection of the appropriate blanks.		
3. Key Selection	Sharp edges, Using incorrect blank	2M	- Regularly inspect equipment: Conduct routine inspections of the key cutting machine to check for any potential hazards, such as sharp edges or broken parts that may pose a risk to workers.	1L	
			- Establish clear procedures: Develop step-by-step guidelines outlining the correct process for selecting the proper key blank and safely operating the key cutting machine.		
			- Utilise personal protective equipment (PPE): Require workers to wear appropriate PPE, such as gloves, to protect against cuts and injuries from sharp edges.		



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
			- Proper storage of key blanks: Store key blanks in labelled containers or drawers, making it easy for employees to find and select the correct blank for the task at hand.		
			- Implement signage and labels: Display clear visible warning signs near the key cutting machine indicating potential hazard and reminding workers of safe practices.		
			- Encourage open communication: Foster an extrement where employees feel comfortable reporting potential hazards, such as a maged equipment or incorrect key blanks, to their supervisor		
			- Keep work area classed organized: Ensure the key atting machine and surrounding area to kep to an, which clear pathways and adequate lighting, to minimise the sax of accided due to utter or convisibility.		
			- Address incomet blank hage: Imple as a system for flagging and correcting install where the region gives blank has been used, minimising the likelihood of repeal or rors.		
			- Cond the plan sale reviews: Hold periodic safety meetings to discuss best practice lider v poter. I issues, and reinforce the importance of adhering to stablish d procedures, maintaining a safe working environment for all employees.		
	5				
4. Machine Calibration	Hand injury, Inadequate calibration	3H		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
5. Cutting Process	Inhalation of metal dust, Blade breal ge	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. Quality Inspection	Visual strain, Hanking sharp edges	2M		1L	



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR	RESPONSIBLE PERSON
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK	NAME OF PERSON
7. Deburring	Exposure to burrs, Hand motion injurie	3h.		2M	
8. Cleaning and Lubrication	Chemical exposure, Slips from spills	3H		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



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. Machine Shutdown	Burns, Uncontrolled shutdown	2M		1L	
10. Waste Disposal	Lifting-related injury, Exposure to hazardous waste	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



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR	RESPONSIBLE PERSON
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK	NAME OF PERSON
11. Recordkeeping	Miscommunication, Data entry errors			1L	



SPECIFIC WORK STEPS HA	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK	PERSON NAME OF PERSON
12. Machinery Maintenance Incorrect	t parts used, Wrong tools	3H		2M	
13. Machine Storage Floor clut	utter, Trip hazards	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
14. Incident Reporting	Delayed action, Lack of information	2M		1L	



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR	RESPONSIBLE PERSON
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK	NAME OF PERSON
15. Safety Checks	Inspecting overlooked hazards, Subsequent incidents	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.

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

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

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/legislations/leg

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/f

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/le_lation

Codes of Practice for SA: https://www.safework.sa.gov.au/wor 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 all Safety Act 34

Occupational Health and Infety gulations 2017

Legis on VIC: https://www.xsafe.vic.gov.au/occupational-health-and-safety-act-and-

<u>Julai.</u>

des on actice VI autros://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 reisonal riotective Equipment where appropriate.							
Worker Name	Pos	sition	Signature	Date	Time	Sup	pervisor
				Date:			
				_			
				Date			
				l te:			
			AV	Date:			
				Date:			
			Date:				
			Date:				
SAI- WC A STHED STATEMENT MONITORING AND REVIEW							
The SWMS must be reviewed regularly to rake sure it remains effective and must be reviewed (and revised if necessary) if relevant control measure are subcontracted by process should be carried out in consultation with workers (including contractors and subcontracted) who may be affected by the operation of the SWMS and their health and safety representatives who researched 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 implement the revised SWMS.				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.

Think of this document as an internal audit review checklist before commencing work, and may form part of a T	oolbox Talk (dalety file)	sting) and may be asea to	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.		D	
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 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 imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person person is assigned and listed on the SWMS for the imperent person per			
Permit requirements specified, such as Hot Work, Electrical Work, Vocat Heights etc.			
SWMS identifies plant and equipment to be u 1.			
Details of inspection checks required for any equipment listed at 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.			
Identifies any hazardous substances used with specific control measures in line with any SDS.			
REVIEWED BY	DATE R	EVIEWED	
SIGNATURE	DATE CO	MPLETED	