

Lasers Classes 3A, 3B,	3R SAFE WORK METHO	D STATEMENT (SWMS)	
TASK	OR ACTIVITY: Lasers Classes 3A	, 3B, 3R	
Business Name: [Company Name]		ABN: [ABN]	SWMS#
Business Address: [Company Address]			
Contact Person:	Phone: [Phone]	E il:	
THIS SAFE WORK METHOD	STATEMENT IS APPROVED BY	THE PL OF THE PROJECT	
Under the Work Health and Safety Regulation (WHS Regulation), a person conduct the proposed work starts.	eting a business or undertaking (N 3U) is	required to ture at a safe work method s	tatement (SWMS) is prepared before
Full Name:			
Signature:		Title:	Date:
Details of the person(s) responsible for ensuring implementation, monitoring a	ompliance of the SWMS well as review	s and modifications of the SWMS.	
Full Name:		Title:	Phone:
ALL PERSONNEL PARTICIPATING IN ANY ACTIVITY ON THIS WMS. ST HAVE THE FOLLOWING COMMUNICATED		LL RELEVANT PERSONNEL WHO HAVE B PMENT AND APPROVAL OF THIS SWMS	EEN CONSULTED AND
Safety meetings or toolbox talks will be sched ed in accordance with egislative requirements to first identify any site hazards, conditions those hazards and then to further take steps to either the conditions of the conditions are or conditional earlier.	NAME	SIGNATURE	DATE
If an incident or a near miss occurs, all work must standardly. Depending on the severity of the incident, a meeting will be called with all workers to amend the SWMS if required. The meeting may also be an educational opportunity.			
Any changes made to the SWMS after an incident or a near miss must be approved by the Person Conducting Business or Undertaking and communicated to all relevant personnel.			
The SWMS must be kept and be available for inspection at least until the work is completed. Where a SWMS is revised, all versions should be kept. If a notifiable incident occurs in relation to which the SWMS relates, then the SWMS must be kept for at least two years from the occurrence of the notifiable incident.			



CLIENT OR PRINCIPAL CONTRACTOR DETAILS Client: Client: Corpect Name: Project Name: Project Address: Project Address: Project Manager: Contact Phone: Contact Phone: Project Manager Signature: Date SWMS supplied to Project Manager: ANY HIGH-RISK CON 10 Signature: Involves a risk of a person falling more than 2 meters. ANY HIGH-RISK CON 10 Signature on ear pressurised gas mains or piping. Involves demolition of an element related to the physical integric of a six loss. Involves demolition of an element related to the physical integric of a six loss. Involves, or is likely to involve, disturbing a sixos. Involves demolition of an element related to the physical integric of a six loss. Involves tilt-up or precast concrete.									
Client:						SCOPE OF WORKS			
Project Name:					n of the specific work being	carried out (otherwise			
Project Address:					known as cope of works).				
Project Manager:									
Contact Phone:									
Project Manager Sig	gnature:								
Date SWMS supplie	ed to Project Manager:								
		ANY HIGH	RISK CON PUCT	N' JRK BEING	CARRIED OUT				
☐ involves a risk of a 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.		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	☐ is carried out on or near energised electrical installations or services.				
☐ involves demolition of	of an element related to the	e physical integrit of a str	3	is carried out in 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 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	Improper setup, Lack of personal protective equipment	2M	 Provide thorough hands-on training for employees on the proper setup and use of lasers Classes 3A 3B, 3R to minimise the risk of improper setup. Establish a pre-use inspection procedure to of care all equipment is in good working order and that lasers are set up property by prior to operation. Implement clear signage around work areas where the as are being used to communicate the hazards and risks associates of antir use. Require all personnel works with or around lasts to wear propriate personal protective equipment (PPE) storals goggles with an idea are optical density, gloves and long sleen of things protect against dire per reflected laser beams and potential burns. Develop an existribute a vorten San Work sethod Statement (SWMS) outlining the necessary was, presentions, and confequired for working with lasers Classes 3A 3. Desir and Lase or afety Officer (LSO) who will be responsible for overseeing all laser-riculted ctivities and ensuring compliance with safety regulations and guidelines. Thedu period audits and inspections of laser workstations to ensure adhies not to established safety protocols and to identify any potential equipment halfunds or weaknesses. nit access to work areas containing Class 3A, 3B, and 3R lasers by only allowing travied and authorised personnel to work with or around these devices. Encourage workers to report any identified hazards, near miss incidents or concerns related to laser safety as soon as possible, fostering an open communication environment on safety issues. Review and update the SWMS periodically to stay current with any changes in legislation, industry best practices, and advancements in laser technology; ensuring optimal safety measures are always in place. 	1L	
2. Equipment Inspection	Faulty equipment, Insufficient training	2M	 Regular maintenance and inspection: Conduct routine maintenance checks and inspections of the equipment to detect any faults, wear, or damage early on, ensuring that it operates safely at all times. Adequate training and certification: Ensure that all workers handling laser equipment have received proper training and possess the necessary certifications to operate Class 3A, 3B, and 3R lasers effectively and safely. Clear instructions for inspection: Provide clear, easy-to-follow guidelines and procedures for equipment inspection, which should be readily accessible to all team members. Implement a pre-use inspection checklist: Develop and distribute a comprehensive checklist for workers to follow before using any laser equipment, including Class 3A, 	1L	



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			3B, and 3R lasers, as a way to ensure complete safety and adherence to appropriate protocols.		
			- Establish a reporting system: Encourage workers report any faults or inadequacies in the equipment immediately, with a no-blame culture, by providing an accessible and straightforward process for large so.		
			- Electrical safety: Inspect all electrical connergons, and es, and power sources regularly for damage, wear, and corrosion, ensurant they meet safety standards and function properly.		
			- Proper storage and handling, ore all laser equip not a drely when not in use, avoiding exposure to the eratures, moisture other hazardous conditions that may compress be then tegrin		
			- Availability personal proctive ecome (PE): Ensure that all workers are equipped with equate (E, such as any goggles and gloves, and understand how (PE): Ensure that all workers are equipped with equate (PE): Ensure that all workers are equipped with equate (PE): Ensure that all workers are equipped with equate (PE): Ensure that all workers are equipped with equate (PE): Ensure that all workers are equipped with equate (PE): Ensure that all workers are equipped with equate (PE): Ensure that all workers are equipped with equate (PE): Ensure that all workers are equipped with equate (PE): Ensure that all workers are equipped with equate (PE): Ensure that all workers are equipped with equate (PE): Ensure that all workers are equipped with equate (PE): Ensure that all workers are equipped with equate (PE): Ensure that all workers are equipped with equate (PE): Ensure that all workers are equipped with equate (PE): Ensure that all workers are equipped with equate (PE): Ensure that all workers are equipped with equate (PE): Ensure that experience (P		
			- Man, accept's gue lines adherence: Strictly follow manufacturer-recommended inspect in its lines are pay extra attention to their fault detection recommendations.		
			Regula / rev / training materials: Update training materials and courses / uentl / base on industry standards and advancements in laser technology—to ensure we kers maintain a deep understanding of safe procedures, thus minimising he risk ocidents or injuries.		
			- mediate removal of faulty equipment: Once a fault is discovered, tag the equipment as "out of service" immediately, and ensure it is securely stored away from operational areas to prevent accidental use.		
			Encourage open communication: Foster a supportive work environment that encourages workers to ask questions, seek clarification, or request additional		
			training if they are unsure about any aspect of equipment inspection or laser safety protocols. This helps to maintain a consistently high level of safety awareness within the workplace.		
			- Comprehensive Laser Safety Training: Ensure that all personnel involved in the alignment process undergo thorough laser safety training, which includes hazard identification, operation procedures, and emergency response protocols.		
Laser Alignment	Incorrect alignment, Eye exposure to	3H	- Use of Personal Protective Equipment (PPE): Provide appropriate PPE, such as laser safety goggles with suitable wavelength protection, to minimise the risk of eye exposure to laser beams during the alignment process.	2M	
3 - 1	laser beams		- Establish a Controlled Access Area: Set up designated laser work zones with restricted access, allowing only authorised and trained personnel to enter the area during alignment procedures.		
			- Pre-Alignment Inspection: Conduct a comprehensive inspection of the laser equipment, including mounts, beam paths, and other associated components to identify any potential hazards or misalignments before commencing work.		



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			- Beam Blockers and Shields: Use beam blockers and shields to prevent accidental exposure to stray beams during alignment procedures.		
			- Utilise Lower-Power Alignment Techniques: When we possible, align the system using lasers with low-power settings to minimist the risks associated with higher-power beams.		
			- Visible Aiming Beams: Employ visible aiming peams preliminary alignment checks, reducing the need for direct exposure alignment process.		
			- Proper Labeling and Signage Clearly label all are comming lasers with appropriate warning indicated the class of lase to well as outline the specific hazards present to necessary productions required.		
			- Apply Lase, hutter Systems: Make the of culters to block the beam immediately when it is not in the, proving an additional layer of protection from accidental exposition.		
			- Main, in agular vintenance Schedules: Schedule periodic inspections, cleanin, s, a prevence maintenance of all laser equipment to ensure optimal function, g are minimize the potential for unforeseen hazards to arise during work ocedul, s.		
			- Do the lation and Recordkeeping: Maintain detailed records of all laser-related ctivities alluding training sessions, risk assessments, and incident reporting, suring transparency and accountability within the workplace.		
			- Eurergency Response Plan: Develop an emergency response plan, detailing the necessary steps to take in case of a laser-related incident or injury, as well as providing first aid resources and eye-wash stations in the work area.		
			- Periodic Safety Audits: Conduct routine assessments of the workplace's laser safety practices, monitoring compliance with relevant guidelines and regulations, and identifying opportunities to improve overall safety measures.		
4. Workspace Setup	Inadequate work area, Trip hazards	2M		1L	
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5. Laser Operation	Unauthorised access, Inadequate warning signs	ЗН		2M	



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6. Beam Adjustment	Direct exposure to skin, Ignition of flammable materials	ЗН		1L	



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7. Maintenance	Handling malfunctioning parts, Exposure to electrical hazards	2M		1L	



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8. Ventilation Control	Fumes buildup, Insufficient ventilation	211.		1L	



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9. Emergency Response	Delayed response, Insufficient first aid supplies	21		1L	



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10. Waste Disposal	Chemical spills, Incorrect waste separation			1L	



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11. Equipment Shutdown	Improper shutdown stars and action and actions and actions are actions as a second star and actions are actions as a second star action and actions are actions as a second star action and actions are actions as a second star action and action actions are actions as a second star action and action actions are actions as a second star action act	2M		1L	



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12. Clean-up and Storage	Improper storage, a equip. Int	t RM		1L	



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	5				



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

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

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/legislatide

Codes of Practice NSW: https://www.safework.nsw.gov.au/resource-library/lis

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/5

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 all Safety Act 34

Occupational Health and Infety gulations 2017

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

<u>qulat.</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 an reisonal riotective Equipment where appropriate.							
Worker Name	Pos	sition	Signature	Date	Time	Sup	pervisor	
				Date:				
				_				
				Date				
				l te:				
			AV	Date:				
				Date:				
				Date:				
				Date:				
		SAF WO A S	THUD STATEMENT	MONITORING AND	REVIEW			
The SWMS must be reviewed regularly to the ke sure it remains effective and must be reviewed (and revised if necessary) if relevant control measurements are subcontracted by process should be carried out in consultation with workers (including contractors are 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 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	