

| Paper Guillotine | SAFE WORK METHOD STA | ATEMENT (SWMS) | | | | | | |
|--|---|---|------------------------------------|--|--|--|--|--|
| TA | ASK OR ACTIVITY: Paper Guillot | ine | | | | | | |
| Business Name: [Company Name] | | ABN: [ABN] | SWMS# | | | | | |
| Business Address: [Company Address] | | | | | | | | |
| Contact Person: | Phone: [Phone] | E jil: | | | | | | |
| 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 (r 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 and compliance of the SWMS well as reviews 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 are or conditions. | NAME | SIGNATURE | DATE | | | | | |
| If an incident or a near miss occurs, all work must structurately. Depending on the severity of the incident, a meeting will be called with all workers to amend the SWMS if required. The meeting may also be an educational opportunity. | | | | | | | | |
| Any changes made to the SWMS after an incident or a near miss must be approved by the Person Conducting Business or Undertaking and communicated to all relevant personnel. | | | | | | | | |
| The SWMS must be kept and be available for inspection at least until the work is completed. Where a SWMS is revised, all versions should be kept. If a notifiable incident occurs in relation to which the SWMS relates, then the SWMS must be kept for at least two years from the occurrence of the notifiable incident. | | | | | | | | |



| CLIENT OR PRINCIPAL CONTRACTOR DETAILS | | | | | | | | | | | |
|--|-------------------------------|--------------------------------|-----------------------|--|------------------------------------|-------------------------------|------------------------|--|--|--|--|
| Client: | | | | SCOPE OF WORKS | | | | | | | |
| 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 | or near chemical, fuel or refrig | erant 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 integrit 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 o | r 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 workstation ergonomics, Unauthorised access to equipment | 2M | Ensure proper ergonomics at workstations by providing adjustable chairs, wrist rests, and footrests to enable workers to maintain an atral posture while operating the paper guillotine. Provide regular training for employees or a gonomic best practices, making sure they understand the importance of maintain a good per are and taking breaks to avoid strains related to poor ergonomics. Designate specific individuals who are trained at lauthorised operate the paper guillotine, ensuring that only to se individuals have access one equipment. Display clear signate are the oper guillotine indictors that only authorised personnel are all feed access to the equipment, with a warning about potential risks involved in usu anorised of ation. Installbarrier or fencing from the paper guillotine area to prevent unauthorised persons of from an early the equipment, while still allowing for proper ventilation and vib. Implement strings blockout/tagout procedure for the paper guillotine, ensuring that only authorised personnel can power on and operate the equipment. Itablis a man unance schedule for the paper guillotine, performing regular inspection and servicing to ensure all components are in proper working condition and mine using the risk of malfunctions leading to potential hazards. I velop an emergency response plan specifically tailored to incidents involving the paper guillotine, with detailed procedures for dealing with injuries, equipment failures, or other emergencies related to its use. Organise regular safety meetings for employees to discuss common hazards associated with the paper guillotine, review control measures, and share any concerns or suggestions for improvement. Perform ongoing evaluations of workstation ergonomics and equipment usage, continually updating and adjusting control measures as necessary to ensure the ongoing safety of workers using the paper guillotine. | 1L | |
| 2. Material handling | Manual lifting injuries, Slips and trips | 2M | - Conduct manual handling training for all employees involved in the task to educate them on proper lifting techniques and safe handling of materials Perform risk assessments before starting work to identify potential hazards related to material handling and develop appropriate control measures based on the findings Utilise appropriate tools such as trolleys or pallet jacks to minimise manual lifting and the associated risks during material handling Ensure the work area is clean and free of obstacles, including regular inspections and housekeeping procedures to minimise slips and trips hazards. | 1L | |



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| | | | - Ensure that the paper guillotine is situated at an appropriate height and position to minimise bending, twisting, or reaching during operation. | | |
| | | | - Implement a system for coordinating and controll to the movement of materials within the workplace, including designated path tys and communication systems amongst workers. | | |
| | | | - Encourage workers to take short breaks to risk of injury due to repetitive motions or static es. | | |
| | | | - Provide and require the use of appropriate person protection equipment (PPE) such as gloves with grip surface ensuring adequation against potential injuries. | | |
| | | | - Establish productions or contingent address of near-miss incidents promptly, encouraging trkers always to consider and the well-being of themselves and their confeague. | | |
| | | | - Clear wark storm areas with signage and ensure that materials are stacked secure it revents cidental falls or trip hazards. | | |
| | | | - Rotate ask mong rkers to avoid prolonged periods of the same activity, educing thysic strain and preventing weariness or lack of attention while handling herials | | |
| | | | Regular eview and update SWMS to ensure they remain relevant and effective, corporating feedback from workers and continuously seeking opportunities for incovement in workplace health and safety practices. | | |
| | | | - Proper Training: Ensure that all machine operators have undergone comprehensive training on the safe use and operation of the paper guillotine, as well as relevant WHS regulations. | | |
| | | | - Lockout/Tagout Procedures: Implement lockout/tagout procedures for the paper guillotine, ensuring that the power source is disconnected, and the equipment is in a safe state before performing any machine setup tasks. | | |
| 0.14 | S: 1 : 1 !! | 011 | - Pre-Operation Inspection: Before beginning the machine setup, inspect the paper guillotine for any visible damage or defects, such as worn or broken parts. | 41 | |
| 3. Machine setup | Machine setup Pinch points, Unexpected start-up | 3H | - Safety Guards: Install adequate safety guarding around pinch points and other hazardous areas of the machine, to minimise the risk of entrapment and injury to workers. | 1L | |
| | | | - Emergency Stop Systems: Ensure that working emergency stop buttons and systems are in place and accessible in case of unexpected machine start-up during setup. | | |
| | | | - Two-Hand Operation: During the machine setup process, implement two-hand controls to eliminate the chance of accidental activation and unexpected start-up of the paper guillotine. | | |



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| | | | - Standard Operating Procedures (SOPs): Develop and maintain clear and detailed SOPs for machine setup and operation, outlining necessary safety protocols and control measures. | | |
| | | | - Regular Maintenance Checks: Schedule require preventive maintenance checks on the paper guillotine to ensure proper functioning and alignment of all components. | | |
| | | | - Personal Protective Equipment (PPE): Req. all provine operators and personnel involved in the setup process to wear copriate PPE, such as safety glasses, gloves, and hearing protection. | | |
| | | | Warning Labels: Place visible, arning labels near a guillotine, indicating the potential hazardos require control measures anachine setup and operation. Communication and Supression: New tailor set lines of communication between | | |
| | | | worker particulating in the machine securiocess, ensuring that each worker under the plant of responsibility in preventing accidents and injuries. | | |
| | | | - Period Confety Access: Conduct regular safety audits and assessments to evaluate the effective set of control measures currently in place, identifying opportunities for improve entending the SWMS as needed. | | |
| 4. Blade installation | Cuts from sharp blades, to blade during installation | ЗН | | 2M | |



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| 5. Product alignment | Misaligned cuts, Operator hand exposure | 2M | | 1L | |



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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 |
| 6. Cutting operation | Entanglement, Crush injuries | ЗН | | 2M | |



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| | | | | | |
| 7. Waste disposal | Slips and trips, Manual handling injuries | 1L | | 1L | |



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| | | | | | |
| 8. Blade sharpening | Machinery kickback, Flying debris | 2M | | 1L | |



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| | | | | | |
| 9. Blade replacement | Cuts from sharp blades, Uncontrolled blade release | зн | | 2M | |



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| 10. Machine maintenance | Exposure to electrical hazards, Pinch points | 4A | | 2M | |



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| | | | | | |
| 11. Cleaning | Unintentional activation of the device, Exposure to cleaning chemicals | 2M | | 1L | |



| JOB STEP | POTENTIAL HAZARDS | IR | CONTROL MEASURES | RR | RESPONSIBLE PERSON |
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| | | | | | |



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| SPECIFIC WORK STEPS | HAZARDS THAT MAY ARISE | INITIAL RISK | SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS | RESIDUAL RISK | NAME OF PERSON |
| | | | | | |
| | | | | | |
| | | | | | |
| 12. Inspection | Unexpected machine activation, Contact with moving parts | ЗH | | 1L | |
| | | | | | |



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|---------------------|------------------------|-----------------|--|------------------|--------------------|
| SPECIFIC WORK STEPS | HAZARDS THAT MAY ARISE | INITIAL RISK | SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS | RESIDUAL RISK | NAME OF PERSON |
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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 ally 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: | | | | | |
| | | | 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 | | | | 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 | | | | |
| 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 | |