

Rubber Moulding Pre	ss SAFE WORK METHOD	STATEMENT (SWMS)	
TASK	OR ACTIVITY: Rubber Moulding	Press	
Business Name: [Company Name]		ABN: [ABN]	SWMS#
Business Address: [Company Address]			
Contact Person:	Phone: [Phone]	E fil:	
THIS SAFE WORK METHOD	STATEMENT IS APPROVED BY	THE PLOOF THE PROJECT	
Under the Work Health and Safety Regulation (WHS Regulation), a person conduct the proposed work starts.	eting a business or undertaking (N 3U) is	required to ture at a safe work method s	tatement (SWMS) is prepared before
Full Name:			
Signature:		Title:	Date:
Details of the person(s) responsible for ensuring implementation, monitoring a	ompliance of the SWMS well as review	s and modifications of the SWMS.	
Full Name:		Title:	Phone:
ALL PERSONNEL PARTICIPATING IN ANY ACTIVITY ON THIS WMS. ST HAVE THE FOLLOWING COMMUNICATED	N. 1E AND DATED SIGNATURE OF A CO. MUNICATED TO IN THE DEVELO	LL RELEVANT PERSONNEL WHO HAVE BI PMENT AND APPROVAL OF THIS SWMS	EEN CONSULTED AND
Safety meetings or toolbox talks will be sched ed in accordance with egislative requirements to first identify any site hazards, conditions unical those hazards and then to further take steps to either the conditions of the conditions are or conditions.	NAME	SIGNATURE	DATE
If an incident or a near miss occurs, all work must standardly. Depending on the severity of the incident, a meeting will be called with all workers to amend the SWMS if required. The meeting may also be an educational opportunity.			
Any changes made to the SWMS after an incident or a near miss must be approved by the Person Conducting Business or Undertaking and communicated to all relevant personnel.			
The SWMS must be kept and be available for inspection at least until the work is completed. Where a SWMS is revised, all versions should be kept. If a notifiable incident occurs in relation to which the SWMS relates, then the SWMS must be kept for at least two years from the occurrence of the notifiable incident.			



		CL	IENT OR PRINCIPAL	CONTRACTOR D	DETAILS				
Client:						SCOPE OF WORKS			
Project Name:				Provide a detailed description	n of the specific work being	carried out (otherwise			
Project Address:					known as cope of works).				
Project Manager:									
Contact Phone:									
Project Manager Sig	gnature:								
Date SWMS supplie	ed to Project Manager:								
		ANY HIGH	RISK CON PUCT	N' JRK BEING	CARRIED OUT				
☐ involves a risk of a p	erson falling more than 2 n	neters.		is carried out on or near pressurised gas mains or piping.					
is carried out on a te	lecommunication tower.		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	carried out on or near energised electrical installations or services.				
☐ involves demolition of	of an element related to the	e physical integril of a str	3	is carried out in	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	Incorrect equipment setup, Insufficient training	3H	 Ensure all workers operating the Rubber Moulding Press receive proper training on its use, safety features, and potential hazards. Implement a disciplined setup process, include y documented instructions or checklists, to guide operators in setting up to as machinery correctly. Display clear warning signs near the equipment, emansising the importance of proper setup and adequate worker training. Perform regular inspections and audits to ensure at the receir moulding press is set up correctly and being use as intended. Ensure that supplement a property by trained to moniter machine set-ups and identify errors a reficiency before quipment but into operation. Use high-query, well-manained toward equipment throughout the setup process or price of lycket using for any prential malfunctions or wear. Provide a rikers and user manuals and manufacturer guidelines for equipment setup to establish strolard procedures and reduce mistakes. Encounge of an communication within the workplace, allowing staff to report any ancerns or contribution in surrounding equipment setup. Often on sing training programs for staff so they remain updated on industry best ractices and safety measures for equipment like rubber moulding presses. Schedule routine maintenance checks to ensure that the rubber moulding press remains in good working condition and to address any mechanical issues promptly. Uphold a safety-conscious workplace culture by promoting open dialogue between management and staff regarding possible hazards associated with incorrect equipment setup. Implement detailed record-keeping of all setup, training, and maintenance activities for rubber moulding presses, allowing for transparency and accountability in case of accidents or incidents. 	2M	
2. Material Loading	Manual handling injuries, Trip and fall hazards	3Н	 Provide manual handling training to the employees involved in material loading, emphasising proper lifting techniques and using mechanical aids when necessary. Ensure that the pathway for material transportation is clear of obstructions or loose objects that could cause trip hazards. Install and maintain adequate lighting in the material loading area to enhance visibility and reduce the risk of accidents. Encourage a culture of good housekeeping practices to keep the work area clean and clutter-free. 	1L	



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			- Use mechanical aids such as trolleys, pallet jacks, and hoists to minimise the manual lifting of heavy materials.		
			- Implement a regular schedule for inspecting the material loading process, ensuring they are well adintained and safe to use.		
			- Rotate tasks or provide frequent breaks to revent repeture strain injuries in workers tasked with material loading.		
			- Establish a monitoring system to evaluate the measures and make adjusting to a sneeded.		
			- Mark designated pathways an atorage areas for materials and locating them after loading and reating additional hazards.		
			- Schedule remar team monings to scuss remon workplace hazards, allowing staff to share in concernand suggi revovements to safety procedures.		
			- Cor poeriod is assessments to identify any new hazards related to material loading a simpler of appropriate control measures to mitigate these risks.		
		1	- Proper taining Provide comprehensive training on the handling of chemicals and open procedure for mould cleaning to minimise the risk of exposure and spills.		
	7		Per a Protective Equipment (PPE): Ensure workers wear appropriate protective ear dun a mould cleaning, including gloves, safety goggles, and slip-resistant es.		
			Regular inspections: Conduct regular inspections of the workplace area, focusing on potential hazards like leaks, spills, or improper storage of chemicals.		
			- Spill response plan: Develop and implement a spill response plan outlining the steps to take in case of chemical spillage or other accidents to contain the hazard quickly.		
3. Mould Cleaning	Exposure to chemicals, Slips due to spilled liquids	2M	Chemical storage: Store chemicals involved in the mould cleaning process in secure, clearly labelled containers, away from heat sources and electrical equipment.	1L	
			- Ventilation: Ensure adequate ventilation within the workspace during mould cleaning to reduce the concentration of chemical fumes and vapors.		
			- Slip-resistant flooring: Install slip-resistant flooring or mats in areas where mould cleaning takes place to prevent slips and falls.		
			- Warning signs and barriers: Use warning signs and temporary barricades to indicate areas where mould cleaning is occurring, informing both workers and visitors of potential hazards.		
			- Cleaning schedule: Establish a routine cleaning schedule that minimises the need for frequent mould cleaning, reducing the overall risk of exposure to chemicals and spills.		



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			- Emergency procedures: Document and practice emergency procedures in case of chemical exposure or other accidents related to mould cleaning, promoting fast and effective responses when needed.		
			- Supervision and communication: Maintain or communication between supervisors and workers in regards to move ceaning operations, encouraging feedback on potential hazards and ensuring impliance and established safety measures.		
4. Preheating Process	Burns, Fire hazard	ЗН		2M	



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5. Molding Process	Pinch points, Hot surfaces	ЗН		1L	



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6. Press Operation	Crush injuries, Equipment failure	ЗН		1L	



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7. Curing Process	Exposure to toxic fumes, Inadequate ventilation	ЗН		2M	



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8. Mould Opening	Release of steam, High pressure hazards	2M		1L	



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9. Product Removal	Hot surfaces, Sharp edges	2M		1L	



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10. Quality Inspection	Ergonomic stress, Eye strain	1L		1L	



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11. Finishing & Trimming	Cuts and abrasions, Dust inhalation	2M		1L	



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12. Packaging & Dispatch	Manual handling injuries, Collisions with forklifts	2M		1L	



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EMERGENCY RESPONSE - CALL 000 FOR EMERGENCIES

Ensure to have an Emergency Management Plan in place as well as adequate numbers of trained first aid staff with easy access to fully stocked first aid kits, rescue equipment, material safety data sheets, adequate access to emergency communication equipment and fire-fighting equipment suitable for all classes of fire and ignition sources.

LEGISLATIVE REFERENCES

RELEVANT LEGISLATION AND CODES OF PRACTICE. DELETE THE LEGISLATIVE REFERENCES. ANY STATE OF AT ARE NOT APPLICABLE.

Queensland & Australian Capital Territory

Work Health and Safety Act 2011

Work Health and Safety Regulations 2011

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

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/legislati

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 2011

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 at Safety Act 34

Occ. ational Health and afety gulations 2017

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

<u>qulat.</u>

des on actice VIC actps://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 all resonal riotective Equipment where appropriate.							
Worker Name	Pos	sition	Signature	Date	Time	Sup	pervisor	
				Date:				
				_				
				Date				
				l te:				
			AV	Date:				
				Date:				
				Date:				
				Date:				
SAF WC A STHUD 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 subcontract as who may be affected by the operation of the SWMS and their health and safety representatives who re essented 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	
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 SWI			
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 of contameasures.			
Permit requirements specified, such as Hot Work, Electrical Work, Vocat Heights etc.			
SWMS identifies plant and equipment to be u d.			
Details of inspection checks required for any equipment listed at noted on the SWMS.			
Describes any mandatory qualifications, experience reining 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	