

Bottle Capping Machi	ne   SAFE WORK METHOD	STATEMENT (SWMS)					
TASK	OR ACTIVITY: Bottle Capping M	achine					
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 SU) 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 scheded 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 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.							
TASK OR ACTIVITY: Bottle Capping Machine  Business Name: [Company Name] ABN: [ABN] SWMS#  Business Address: [Company Address]  Contact Person: Phone: [Phone] E ail:  THIS SAFE WORK METHOD STATEMENT IS APPROVED BY THE PLOF THE PROJECT  Under the Work Health and Safety Regulation (WHS Regulation), a person conducting a business or undertaking (n 3U) is required to the proposed work starts.  Full Name:  Signature: 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  Safety meetings or toolbox talks will be sched, ad in accordance with gislative requirements to first identify any site hazards, become for those hazards and denot or a near miss occurs, all work must she anately. Depending on the severity of the incident, a meeting will be called with all workers to amend							
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							



		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.		$H \cap H$	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 installations 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 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	Slip, trip and fall hazards, Lack of machine guarding	2M	<ul> <li>Ensure that the work area is clean and free from any obstacles, debris or spills to minimise slip, trip and fall hazards.</li> <li>Inspect the floor for any cracks, uneven surfact or obstacles which could pose a risk to workers' safety.</li> <li>Clearly mark walkways and safe working all as to be guide worker movement around the bottle capping machine.</li> <li>Provide adequate lighting if the workspace to entire work to can easily spot potential hazards.</li> <li>Hold regular tool for two and surfact training sessions to educate workers on proper proceding, hazard centification and initial prevention related to the bottle capping made up.</li> <li>Instendigment of the control of the capping machine to prevent worker injuries.</li> <li>Imple entire ckout tool procedures on the bottle capping machine to ensure that machine up can be capping machine to ensure that machine up to account ally be restarted during maintenance, cleaning or other lasks the requer direct witeraction with the machine.</li> <li>In our endisplay on the result workers, ensuring it is comfortable and properly fits each of ployee to reduce the risk of slipping on wet or slippery surfaces.</li> <li>Innomented control measures and identify additional hazards that may arise during the process.</li> <li>Encourage workers to report any potentially hazardous conditions they observe immediately to management, allowing for quick action to rectify the problem.</li> <li>Supply workers with the proper personal protective equipment (PPE) - such as gloves, safety shoes, and protective eyewear - relevant to their role when working with or around the bottle capping machine.</li> <li>Perform routine maintenance and inspection of the bottle capping machine to ensure it's in optimal working condition, reducing the risk of malfunctions that could lead to hazards or accidents.</li> <li>Establish an emergency response plan for the workspace, outlining the designated meeting point, escape routes, and first aid provision in case of any accidents involving</li></ul>	1L	
2. Bottle Feed	Crushing hazards, Pinch points	3Н	<ul> <li>Implement regular maintenance of the bottle capping machine, which includes inspection checks for all moving parts to ensure they are functioning correctly and securely.</li> <li>Provide workers with thorough training on proper handling techniques to prevent personal injury due to crushing hazards and pinch points while feeding the bottles onto the machine.</li> </ul>	2M	



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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
			- Install and maintain appropriate safeguarding mechanisms such as guards, light curtains, or pressure-sensitive mats that cover pinch points and create a safe barrier between the worker and the hazard.		
			- Encourage workers to wear appropriate person protective equipment (PPE) such as gloves and safety glasses to minimise the lask of injury during bottle feeding tasks.		
			- Require employees to report any loose, dama or ill-fitting parts of the machinery immediately, in order to prevent malful tions that movelead to crushing hazards or pinch point injurie.		
			- Ensure clear comment of the action along workers involve on the bottling process to avoid surprises of which had along which might lead to accidents due to crushing haz along and pinch points.		
			- Designate specific areas around the house where workers are safely able to feed bottle to the entire at to keep them clear from hazardous areas.		
			- Developed imply ant a formal lockout/tagout procedure to disable the machine during lead of main pance, or repair activities, preventing accidental restarts that could prove risk to work is.		
			rollay romin signage and warning labels near the bottle capping machine to rem. We sers of the potential hazards associated with the equipment and advise hem to recessary precautions when working nearby.		
			- tablish a system for regularly reviewing and updating standard operating procedures (SOPs) to ensure adequate controls are in place to prevent crushing nazards and pinch points from occurring during the bottle feeding process.		
			- Employ ergonomic designs for workstations and tools used throughout the bottle feeding process, providing workers with the ability to complete their tasks without excessive force or strain resulting in exacerbated risk of injury.		
			- Foster an open atmosphere within the workplace that encourages workers to report any concerns or suggestions regarding safety improvements, allowing management to address potential hazards in a proactive manner.		
			- Conduct a comprehensive risk assessment before starting the inspection process to identify potential hazards and determine appropriate control measures.		
3. Inspection	Ergonomic strain, Poor lighting	2M	- Provide workers with adequate training on proper ergonomic techniques, such as body mechanics and posture, to help minimise the risk of strain during the inspection process.	1L	
			- Ensure that workers take regular breaks, especially when they are performing repetitive tasks or those involving awkward postures for extended periods.		
			- Utilise adjustable workstations, chairs, and equipment to accommodate different workers' heights and body sizes, promoting better ergonomics during inspection.		



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			- Encourage workers to rotate between different tasks to provide relief from repetitive motions and prevent ergonomic strain during the inspection process.		
			- Regularly review and maintain the bottle capping archine for smooth and efficient operation, thereby reducing the chances of up accepted incidents that may lead to worker strain or injury.		
			- Install and maintain suitable lighting in the latestic sea, ensuring that there is sufficient illumination for workers to see clearly at straining their eyes.		
			- Keep the inspection area control and free of obstrations to reside slip, trip, and fall hazards that may contribute to a ponomic strain.		
			- Consider using product aids equipment, such as lift tables or conveyors, to minimise many mandling ring to respection access where feasible.		
			- Implement js totation so adules, party in instances where inspection is a significant ports of wars' daily actives, to help reduce workers' exposure to ergor a strain and sover time.		
			- Consider an occupational health professional to develop and implement custom and a phomic plutions based on the specific needs of your workplace and the characteristics of the pottle capping machine.		
	•		- handlar evaluate and update the SWMS to ensure that it remains relevant and effects in addressing the identified hazards and implementing necessary control easures or the inspection of the bottle capping machine.		
	5				
4. Machine Setup	Electrical hazards, Entanglement in moving parts	3H		2M	



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5. Caps Loading	Manual handling risks, Overexertion on personnel	2M		1L	



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6. Cap Placement	Repetitive motions, Pinch points	2M		1L	



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7. Cap Tightening	Entanglement in rotating parts, Noise	ЗН		2M	



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8. Quality Check	Chemical exposure, Eye strain	2M		1L	



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9. Bottle Ejection	Entanglement, Impact hazards	3H		2M	



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10. Maintenance	Machinery malfunction, Electrical hazards	2M		1L	



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11. Clearing Jammed Bottles	Cutting hazards, Unanticipated machine start	3Н		2M	



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12. Shut Down	Stored energy release, Incorrect isolation procedures	2M		1L	



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				KIOK	



#### **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.gld.gov.au/laws-and-compliance/work-health-and-safety-laws

Codes of Practice QLD: <a href="https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice">https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice</a> Legislation ACT: <a href="https://www.worksafe.act.gov.au/laws-and-compliance/acts-and-regulations">https://www.worksafe.act.gov.au/laws-and-compliance/acts-and-regulations</a>

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/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 al. 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: <a href="https://www.commerce.wa.gov.au/worksafe/legislation">https://www.commerce.wa.gov.au/worksafe/legislation</a> Codes of Practice WA: <a href="https://www.commerce.wa.gov.au/worksafe/codes-practice">https://www.commerce.wa.gov.au/worksafe/codes-practice</a>

#### 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 reisonal ribrective 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	<b>3</b> ,	· '	
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 effective 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	