

Brick Clay Manufacture Bic	kley Kiln SAFE WORK ME	THOD STATEMENT (SWMS)	
TASK OR A	CTIVITY: Brick Clay Manufacture	Bickley Kiln	
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.	cting a business or undertaking (i BU) is	required to turn at a safe work method s	tatement (SWMS) is prepared before
Full Name:			
Signature:		Title:	Date:
Details of the person(s) responsible for ensuring implementation, monitoring	compliance of the SWMS well as review	s and modifications of the SWMS.	
Full Name:		Title:	Phone:
ALL PERSONNEL PARTICIPATING IN ANY ACTIVITY ON THIS WMS. ST HAVE THE FOLLOWING COMMUNICATED	N. 1E AND DATED SIGNATURE OF A CO. MUNICATED TO IN THE DEVELO	ILL RELEVANT PERSONNEL WHO HAVE B OPMENT AND APPROVAL OF THIS SWMS	EEN CONSULTED AND
Safety meetings or toolbox talks will be sched ed in accordance with agislative requirements to first identify any site hazards, conditions unical those hazards and then to further take steps to either the conditions of the conditions are conditionally as a condition of the con	NAME	SIGNATURE	DATE
If an incident or a near miss occurs, all work must strandardly. 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: SCOPE OF WORKS Project Name: Project Address: Project Manager: Pr									
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:								
		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	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	☐ 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	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	Manual handling, Dust inhalation	2M	 Implement a comprehensive manual handling training programme for all employees involved in the brick clay manufacturing in cess to ensure they are familiar with correct techniques and procedures Introduce ergonomic equipment such as an everyor belts and mechanical lifts, designed to minimise excessive reaching, builting, and usting during the preparation phase of the brick clay manufacture of research and sold of the preparation process to ensure that they are functioning optimal and sold, reducing the risk of manual handling injuries results from faulty equipment used during the preparation process to ensure that they are functioning optimal and sold, reducing the risk of manual handling injuries results from faulty equipment and sold, reducing the risk of manual handling injuries results from faulty equipment. Ensure that employees were apply briate personal protective equipment (PPE) during the endoprocess, which may be clude the estimated and set in a process, and eye prote on, to prote against the functioning that can be handled by a single for each of the process, and in a process of the process of the process of the process of the process. Estimated the process of the proces	1L	
2. Material Mixing	Dust exposure, Equipment failure	ЗН	 Proper ventilation: Ensure that the working area is well-ventilated to reduce the concentration of dust particles in the air, minimising the risk of dust exposure to workers. Personal protective equipment (PPE): Provide appropriate PPE, including face masks or respirators, safety goggles, and gloves for all workers involved in material mixing to protect them from dust exposure and potential injuries from equipment failure. 	2M	



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			 Regular equipment maintenance and inspection: Conduct periodic inspections and maintenance of machinery involved in the material mixing process to ensure their optimal functioning and reduce the risk of equipment illure. 		
			- Worker training: Provide adequate training to the rest about proper operating procedures, handling techniques, and pote the rest handling techniques, and pote the rest handling them to identify and mitigate risks and potential mixing, enabling them to identify and mitigate risks and potential mixing.		
			- Dust suppression methods: Implement effect of suppression techniques like wet-suppression systems or enclosed mixing status to minimize dust generation during the mixing process.		
			- Emergency response on: Decop a comprehensive anergency response plan to address potential addenversing or dust exposure or equipment failure, ensuring prompt action and minimisis harm workers.		
			- Task otation, chedule, sk rotation, orkers involved in material mixing to limit their houses of e to dust and reduce the chances of long-term health issues		
			- Safe bork needule Establish standard operating procedures and enforce adherer a to use gure lines, significantly reducing the likelihood of equipment illure all lasse lated accidents.		
			- Mounting and surveillance: Regularly monitor the working environment for the resent hazardous dust particles and initiate appropriate control measures if pessive levels are detected.		
	6		- Continuous improvement: Review and update the Safe Work Method Statement (SWMS) periodically to incorporate any new regulations, technology advancements, or lessons learned from previous incidents, maintaining an up-to-date and effective set of control measures.		
			- Proper training and guidance: Ensure that workers have received adequate training in correct moulding and shaping techniques to prevent strain and injuries.		
			- Ergonomic tools and equipment: Use ergonomically designed tools with comfortable handles and proper size, which will help reduce the risk of repetitive motion injuries.		
3. Moulding & Shaping	Repetitive strain injury, Cutting hazard	3H	- Regular breaks: Encourage workers to take regular breaks to stretch and rest their hands and wrists, preventing repetitive strain injuries.	2M	
			- Work rotation: Rotate workers among different tasks throughout the day to reduce the likelihood of long-term exposure to repetitive motions for a single worker.		
			- Safety gloves: Require workers to wear cut-resistant gloves when handling sharp or jagged materials, reducing the risk of cutting injuries.		
			- Tool maintenance: Ensure all tools are regularly inspected for damage, wear, or poor functioning, as damaged tools can contribute to increased injury risk.		



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			- Workspace design: Make sure workstations are set up properly, with enough space and good lighting to minimise awkward or uncomfortable working positions.		
			- Safe work practices: Establish and enforce processes for safe handling and use of tools and materials in the moulding and shaping occesses.		
			- Proper body mechanics instruction: Teach, orkers the involvement of appropriate body mechanics and posture while performing asks a unimise the risk of strain injuries.		
			- Risk assessment: Conduct chular risk assessments to ider potential hazards and implement strategies to make them.		
			- First aid kit availty by the first hid kits readily available at the worksite should an injury occur, producing fast treatile at for any tries sustained.		
			- Reporting symm: Estable of a clear of a grocess for workers to promptly notify supercors of a safe concerns, hazards, or incidents. This allows early interval of and a safe concerns, while fostering a positive safety culture within the workpose		
4. Drying Clay Bricks	Slip and fall hazards, Fire	2M		1L	



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5. Preheating Kiln	Burns and heat stress, Gas leak	ЗН		2M	



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6. Firing Bricks	Fire or explosion, Exposure to high temperature	4A		ЗН	



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7. Cooling Process	Burn risks, Explosion hazares	ЗН		2M	



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8. Debris Removal	Crushing injuries, Noise exposure	2M		1L	



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9. Inspecting Bricks	Ergonomic hazards, Raynaud's Syndrome (Vibration White Finger)	2M		1L	



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10. Stacking & Packing	Manual handling, Falling objects	2M		1L	



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11. Transporting Bricks	Collision, Runaway vehicle incidents	2M		1L	



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12. End of Shift Clean-up	Chemical exposure, Trip and falls			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/legislat

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 al. Safety Act

Occupational Health and afety gulations 2017

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

<u>Julai.</u>

des on actice VI autros://www.worksafe.vic.gov.au/compliance-codes-and-codes-practice

Western Australia

Work Health and Safety Act 2020

Work Health and Safety Regulations 2022

Legislation Western Australia: https://www.commerce.wa.gov.au/worksafe/legislation

Codes of Practice WA: https://www.commerce.wa.gov.au/worksafe/codes-practice

Safe Work Australia Links

Law and Regulation (All States): https://www.safeworkaustralia.gov.au/law-and-regulation Model Codes of Practice: https://www.safeworkaustralia.gov.au/resources-publications/model-codes-of-practice

Model Codes of Practice

- Managing noise and preventing hearing loss at work
- Confined spaces
- Labelling of workplace hazardous chemicals
- Managing risks of hazardous chemicals in the workplace
- Welding processes
- First aid in the workplace
- Managing the risk of falls at workplaces
- Hazardous manual tasks
- Managing the risk of falls in housing construction
- Managing electrical risks in the workplace
- Demolition work
- Excavation work
- Work health and safety consultation, cooperation and coordination
- Managing the work environment and facilities
- How to manage work health and safety risks
- Managing risks of plant in the workplace
- Construction work



SIGNATORIES OF THE SAFE WORK METHOD STATEMENT

The signed and dated personnel listed below have cooperated in the consultation and development of this Safe Work Method Statement which has been approved by the Person/s Conducting a Business or Undertaking (PCBU). In signing this Safe Work Method Statement each individual acknowledges and confirms that they have read this SWMS in full, having raised any questions for items on this Safe Work Method Statement that require clarification, and confirms that they are competent, skilled and knowledgeable for the task assigned to them. Every person acknowledges that they have received the relevant training and qualifications where required, before carrying out any work contained in this Safe Work Method Statement. By signing this Safe Work Method Statement each individual agrees to work safely, to follow any safe work instructions which are provided, and agrees to use all Personal Protective Equipment where appropriate.

Tollow 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:				
			AV	Date:			
				Date:			
				Date:			
Date:							
		SAF WO A S	THUD STATEMENT	MONITORING AND	REVIEW		
The SWMS must be review revised if necessary) if relevations consultation with workers (in of the SWMS and their healt workplace. When the SWMS has been an advised that a revision has been who will need to change a way that will enable them the will be involved in the work in the survey.	ant control measu cluding contractors and subth and safety representatives revised the PCBU must ensive made and how they call ork procedure or system as to implement their duties contract be provided with the relationship in the second statement of the second	contract s) who may be aff s who re esented that work are that all persons involved in access the revised SWMS a result of the review are accessistently with the revised SN	hould be carried out in ected by the operation group at the with the work are including all persons this do the changes in MMS. All workers that	effective in reducing the person responsible for remploy a multi-faceted and the second secon	with workers, contractors as on a continual basis. ous improvement, promptly te corrective action and continuation and conti	he workplace safe for a sof the Safe Work Met ut is not limited to: and sub-contractors. recording inconsistent insultation with all relevant	all personnel. The hod Statement should statement should size or deficiencies, ant 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	