

**Cytotoxic Substances Veterinary Use | SAFE WORK METHOD STATEMENT (SWMS)**

**TASK OR ACTIVITY: Cytotoxic Substances Veterinary Use**

|                               |            |       |
|-------------------------------|------------|-------|
| Business Name: [Company Name] | ABN: [ABN] | SWMS# |
|-------------------------------|------------|-------|

Business Address: [Company Address]

|                 |                |        |
|-----------------|----------------|--------|
| Contact Person: | Phone: [Phone] | Email: |
|-----------------|----------------|--------|

**THIS SAFE WORK METHOD STATEMENT IS APPROVED BY THE PCBU OF THE PROJECT**

Under the Work Health and Safety Regulation (WHS Regulation), a person conducting a business or undertaking (PCBU) is required to ensure that a safe work method statement (SWMS) is prepared before the proposed work starts.

Full Name:

|            |        |       |
|------------|--------|-------|
| Signature: | Title: | Date: |
|------------|--------|-------|

Details of the person(s) responsible for ensuring implementation, monitoring and compliance of the SWMS, as well as reviews and modifications of the SWMS.

|            |        |        |
|------------|--------|--------|
| Full Name: | Title: | Phone: |
|------------|--------|--------|

**ALL PERSONNEL PARTICIPATING IN ANY ACTIVITY ON THIS SWMS MUST HAVE THE FOLLOWING COMMUNICATED** | **NAME AND DATED SIGNATURE OF ALL RELEVANT PERSONNEL WHO HAVE BEEN CONSULTED AND COMMUNICATED TO IN THE DEVELOPMENT AND APPROVAL OF THIS SWMS**

|  | NAME | SIGNATURE | DATE |
|--|------|-----------|------|
| Safety meetings or toolbox talks will be scheduled in accordance with legislative requirements to first identify any site hazards, to conduct and communicate those hazards and then to further take steps to either eliminate or control each hazard.   |      |           |      |
| If an incident or a near miss occurs, all work must stop immediately. 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<br>Provide a detailed description of the specific work being carried out (otherwise known as scope of works). |
| Project Name:                          |  |
| Project Address:                       |  |
| Project Manager:                       |  |
| Contact Phone:                         |  |
| Project Manager Signature:             |  |
| Date SWMS supplied to Project Manager: |  |

**ANY HIGH-RISK CONSTRUCTION WORK BEING CARRIED OUT**

|   |   |
|---|---|
| <input type="checkbox"/> involves a risk of a person falling more than 2 meters.  | <input type="checkbox"/> is carried out on or near pressurised gas mains or piping.                                     |
| <input type="checkbox"/> is carried out on a telecommunication tower.   | <input type="checkbox"/> is carried out on or near chemical, fuel or refrigerant lines.                                 |
| <input type="checkbox"/> involves demolition of an element of a structure that is load-bearing.                           | <input type="checkbox"/> is carried out on or near energised electrical installations or services.                      |
| <input type="checkbox"/> involves demolition of an element related to the physical integrity of a structure.              | <input type="checkbox"/> is carried out in an area that may have a contaminated or flammable atmosphere.                |
| <input type="checkbox"/> involves, or is likely to involve, disturbing asbestos.  | <input type="checkbox"/> involves tilt-up or precast concrete.  |
| <input type="checkbox"/> involves structural alteration or repair that requires temporary supports to prevent collapse.   | <input type="checkbox"/> is carried out on, in or adjacent to a road, railway, shipping lane or other traffic corridor. |
| <input type="checkbox"/> is carried out in or near a confined space.  | <input type="checkbox"/> is carried out in an area of a workplace where there is any movement of powered mobile plant.  |
| <input type="checkbox"/> is carried out in/near a shaft or trench deeper than 1.5m or tunnel involving use of explosives. | <input type="checkbox"/> is carried out in areas with artificial extremes of temperature.                               |
| <input type="checkbox"/> is carried out in or near water or other liquid that involves a risk of drowning.                | <input type="checkbox"/> involves diving work.  |

**ANY HIGH-RISK MACHINERY OR EQUIPMENT NEARBY**

|                                       |                                       |   |                                    |   |  |                                  |                                     |
|---------------------------------------|---------------------------------------|---|------------------------------------|---|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Forklift     | <input type="checkbox"/> Crane/s      | <input type="checkbox"/> Hoist/s        | <input type="checkbox"/> Excavator | <input type="checkbox"/> Backhoe/Loader | <input type="checkbox"/> Boom Lift     | <input type="checkbox"/> EWP     | <input type="checkbox"/> Genie Lift |
| <input type="checkbox"/> Trencher     | <input type="checkbox"/> Drilling Rig | <input type="checkbox"/> Trucks         | <input type="checkbox"/> Formwork  | <input type="checkbox"/> Bobcat         | <input type="checkbox"/> Flammable Gas | <input type="checkbox"/> Fuel    | <input type="checkbox"/> Dozer      |
| <input type="checkbox"/> High Voltage | <input type="checkbox"/> Mulcher      | <input type="checkbox"/> Tilt-up Panels | <input type="checkbox"/> Roller    | <input type="checkbox"/> Scissor Lift   | <input type="checkbox"/> Tractor       | <input type="checkbox"/> Other - |                                     |

**RISK MATRIX**

| LIKELIHOOD     | INSIGNIFICANT | MINOR      | MODERATE   | MAJOR   | CATASTROPHIC | SCORE       | ACTION                            | HEIRARCHY OF CONTROLS                                   |
|----------------|---------------|------------|------------|---------|--------------|-------------|-----------------------------------|---|
| ALMOST CERTAIN | 3 HIGH        | 3 HIGH     | 4 ACUTE    | 4 ACUTE | 4 ACUTE      | 4A ACUTE    | DO NOT PROCEED                    | <b>Elimination</b><br>Remove the hazard.                |
| LIKELY         | 2 MODERATE    | 3 HIGH     | 3 HIGH     | 4 ACUTE | 4 ACUTE      | 3H HIGH     | Review before work starts.        | <b>Substitution</b><br>Replace the hazard.              |
| POSSIBLE       | 1 LOW         | 2 MODERATE | 3 HIGH     | 4 ACUTE | 4 ACUTE      | 2M MODERATE | Ensure control measures in place. | <b>Isolation</b><br>Isolate People from the hazard      |
| UNLIKELY       | 1 LOW         | 1 LOW      | 2 MODERATE | 3 HIGH  | 4 ACUTE      | 1L LOW      | Monitor and keep records          | <b>Engineering</b><br>Isolate the hazard.               |
| RARE           | 1 LOW         | 1 LOW      | 2 MODERATE | 3 HIGH  | 3 HIGH       |             |                                   | <b>Administrative</b><br>Change the work.<br><b>PPE</b> |

**Notes on Hierarchy of Controls:** Elimination methods are the most effective and preferred when controlling a hazard. Substitution is the second most effective method of controlling a hazard. Engineering by isolation is the third most effective, while Administrative Controls by changing the work is the fourth most effective method. PPE (Personal Protective Equipment) is the least effective method.

**PERSONAL PROTECTIVE EQUIPMENT (PPE)**

| FOOT PROTECTION          | HAND PROTECTION          | HEAD PROTECTION          | HEARING PROTECTION       | EYE/FACE PROTECTION      | RESPIRATORY PROTECTION   | FACE PROTECTION          | HIGH-VIS CLOTHING        | PROTECTIVE CLOTHING      | FALL PROTECTION          | SUN PROTECTION           | HAIR/JEWELLERY SECURED   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Select the 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        | Skin and eye contact, Inhalation of aerosols | 2M           | <ul style="list-style-type: none"> <li>- Proper Training: Ensure that all staff handling cytotoxic substances receive appropriate training regarding their hazards, safe handling techniques, and emergency response procedures.</li> <li>- Personal Protective Equipment (PPE): Provide suitable PPE, such as gloves, safety goggles, face masks or respirators, and protective aprons for staff handling these substances to prevent skin and eye contact, as well as inhalation of aerosols.</li> <li>- Ventilation Systems: Install and maintain appropriate local exhaust ventilation systems to minimise the concentration of cytotoxic aerosols in the air, reducing the risk of inhalation exposure.</li> <li>- Chemical Storage: Store cytotoxic substances in sealed containers within clearly marked and designated areas, ensuring they are separate from other chemicals that may react with them, decreasing the possibility of inadvertent exposure.</li> <li>- Spill Kit: Keep spill kits containing absorbent materials, neutralising agents, and PPE readily available near the designated work areas to facilitate a swift response in case of leaks or spills.</li> <li>- Preparation Surface: Use clean, non-porous, and easy-to-clean surfaces when preparing cytotoxic substances to prevent contamination and potential exposure.</li> <li>- No-Eating Policy: Implement a strict no-eating, no-drinking, and no-smoking policy in the area where cytotoxic substances are being handled, eliminating potential risks associated with accidental ingestion or cross-contamination.</li> <li>- Waste Disposal: Provide clearly labelled, puncture-resistant waste containers specifically for cytotoxic substance waste disposal, ensuring proper containment and disposal of contaminated materials.</li> <li>- Safety Documentation: Develop and implement written safety policies and procedures that outline the necessary steps for the safe handling, storage, and disposal of cytotoxic substances in the veterinary setting.</li> <li>- Monitoring and Supervision: Regularly monitor the work environment and assess staff compliance with established safety protocols, providing additional training, reinforcement, or disciplinary action as needed.</li> <li>- Emergency Response Plan: Develop and maintain an emergency response plan specific to incidents involving cytotoxic substances, outlining the necessary steps to secure the area, treat any exposed individuals, and report the incident as required by local regulations.</li> </ul> | 1L            |                    |
| 2. Storage Area Setup | Unsecured storage, Evacuation difficulty     | 3H           | <ul style="list-style-type: none"> <li>- Designate a specific storage area for cytotoxic substances, ensuring that it is clearly marked and separate from general storage spaces to prevent unauthorised access or mishandling.</li> <li>- Install secure locking mechanisms on the doors and cabinets in the storage area to prevent unauthorised access to the cytotoxic substances.</li> </ul>  | 2M            |                    |

| 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     |
|                                   |  |              | <ul style="list-style-type: none"> <li>- Implement appropriate shelving or storage units that can hold the cytotoxic substances securely and prevent them from falling or spilling onto the floor.</li> <li>- Regularly inspect and maintain the storage space and its contents to ensure they remain clean, organised, and free of damage or degradation.</li> <li>- Provide adequate ventilation in the storage area to prevent the buildup of harmful vapors or fumes from the cytotoxic substances.</li> <li>- Develop and implement an updated evacuation plan that takes into consideration the location of the cytotoxic substance storage area and ensures there are clear paths and exits from the room.</li> <li>- Properly label all containers holding cytotoxic substances with hazard symbols, product names, and any necessary handling instructions or precautions.</li> <li>- Establish standard operating procedures (SOPs) for accessing the storage area, including the use of appropriate personal protective equipment (PPE) and proper material handling techniques, to minimise the risk of exposure to hazardous chemicals.</li> <li>- Train staff members authorised to access the storage area on these SOPs, hazard awareness, and emergency response procedures.</li> <li>- Ensure adequate lighting and emergency exit signs in the storage area, to facilitate quick and safe evacuation if necessary.</li> <li>- Conduct regular audits of the storage area's safety compliance, including documentation reviews, inventory checks, and spot inspections, to identify potential risks and areas for improvement.</li> </ul> |               |                    |
| 3. Receiving Cytotoxic Substances | Inadequate labeling, Inappropriate handling, | 3H           | <ul style="list-style-type: none"> <li>- Implement a thorough inspections process for all incoming cytotoxic substances, ensuring that each package is clearly and accurately labelled with the substance name, quantity, and any necessary hazard symbols or warnings.</li> <li>- Provide all employees involved in receiving cytotoxic substances with comprehensive training on the safe handling procedures specific to these hazardous materials.</li> <li>- Develop and implement a clear set of standard operating procedures (SOPs) for the handling and storage of cytotoxic substances, including proper lifting techniques, the use of suitable personal protective equipment (PPE), and spill response procedures.</li> <li>- Clearly display relevant safety information, warning signs, and instructions for the receiving area to remind staff of the hazards associated with cytotoxic substances and the necessary precautions.</li> <li>- Ensure that all employees handling cytotoxic substances are provided with regular refresher training to maintain competency and awareness of safe work practices.</li> </ul>  | 2M            |                    |

| 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     |
|  |   |              | <ul style="list-style-type: none"> <li>- Use secure, dedicated storage areas or containers designed for hazardous materials to minimise the risk of exposure and contamination for personnel not directly involved in the receiving process.</li> <li>- Limit the duration an employee can spend in direct contact with cytotoxic substances to reduce the risk of accidental exposure and fatigue-related mistakes.</li> <li>- Implement a strict policy barring food or drink consumption in the area where cytotoxic substances are received, stored or handled, and designate designated break areas away from the hazardous materials.</li> <li>- Conduct periodic workplace audits to ensure compliance with established SOPs, PPE usage, and other safety measures related to the receiving of cytotoxic substances.</li> <li>- Establish a clear line of communication for reporting incorrect labeling or other issues related to cytotoxic substances to supervisor or manager, ensuring prompt corrective action is taken when required.</li> <li>- Maintain an updated inventory of all cytotoxic substances received, including pertinent information such as the date of receipt, intended use, and disposal method. This inventory should be reviewed regularly to identify and address any discrepancies.</li> <li>- Encourage a culture of open communication and collaboration amongst team members, allowing for the identification and sharing of best practices in handling cytotoxic substances safely and efficiently.</li> </ul> |               |                    |
| 4. Personal Protective Equipment (PPE) | Poorly maintained equipment, Inadequate PPE | 2M           | [REDACTED]   | 1L            |                    |

SAMPLE

| 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     |
|                            |   |              | [REDACTED]   |               |                    |
| 5. Veterinary Clinic Setup | Poor ventilation, Unprotected personnel | 2M           | [REDACTED]   | 1L            |                    |

SAMPLE

| 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     |
|                                     |  |              | [REDACTED]   |               |                    |
|                                     |  |              | [REDACTED]   |               |                    |
|                                     |  |              | [REDACTED]   |               |                    |
|                                     |  |              | [REDACTED]   |               |                    |
|                                     |  |              | [REDACTED]   |               |                    |
|                                     |  |              | [REDACTED]   |               |                    |
|                                     |  |              | [REDACTED]   |               |                    |
|                                     |  |              | [REDACTED]   |               |                    |
|                                     |  |              | [REDACTED]   |               |                    |
|                                     |  |              | [REDACTED]   |               |                    |
| 6. Patient Treatment Administration | Miscalculation of doses, Environmental contamination | 3H           | [REDACTED]   | 2M            |                    |
|                                     |  |              | [REDACTED]   |               |                    |
|                                     |  |              | [REDACTED]   |               |                    |
|                                     |  |              | [REDACTED]   |               |                    |
|                                     |  |              | [REDACTED]   |               |                    |

SAMPLE



| 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     |
|                     |  |              | [REDACTED]   |               |                    |
|                     |  |              | [REDACTED]   |               |                    |
|                     |  |              | [REDACTED]   |               |                    |
|                     |  |              | [REDACTED]   |               |                    |
|                     |  |              | [REDACTED]   |               |                    |
|                     |  |              | [REDACTED]   |               |                    |
|                     |  |              | [REDACTED]   |               |                    |
|                     |  |              | [REDACTED]   |               |                    |
|                     |  |              | [REDACTED]   |               |                    |
|                     |  |              | [REDACTED]   |               |                    |
| 7. Spill Management | Navigating hazardous substances, Lack of spill kit accessibility | 3H           | [REDACTED]<br>[REDACTED]<br>[REDACTED]<br>[REDACTED]                   | 1L            |                    |

SAMPLE

| 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     |
|                     |   |              | [Redacted]   |               |                    |
|                     |   |              | [Redacted]   |               |                    |
|                     |   |              | [Redacted]   |               |                    |
|                     |   |              | [Redacted]   |               |                    |
|                     |   |              | [Redacted]   |               |                    |
|                     |   |              | [Redacted]   |               |                    |
|                     |   |              | [Redacted]   |               |                    |
|                     |   |              | [Redacted]   |               |                    |
|                     |   |              | [Redacted]   |               |                    |
|                     |   |              | [Redacted]   |               |                    |
| 8. Waste Disposal   | Inadequate disposal containers,<br>Incomplete segregation | 3H           | [Redacted]   | 2M            |                    |
|                     |   |              | [Redacted]   |               |                    |
|                     |   |              | [Redacted]   |               |                    |
|                     |   |              | [Redacted]   |               |                    |
|                     |   |              | [Redacted]   |               |                    |

SAMPLE

| 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     |
|                       |  |              | [REDACTED]   |               |                    |
|                       |  |              | [REDACTED]   |               |                    |
|                       |  |              | [REDACTED]   |               |                    |
|                       |  |              | [REDACTED]   |               |                    |
|                       |  |              | [REDACTED]   |               |                    |
|                       |  |              | [REDACTED]   |               |                    |
|                       |  |              | [REDACTED]   |               |                    |
|                       |  |              | [REDACTED]   |               |                    |
|                       |  |              | [REDACTED]   |               |                    |
|                       |  |              | [REDACTED]   |               |                    |
|                       |  |              | [REDACTED]   |               |                    |
|                       |  |              | [REDACTED]   |               |                    |
|                       |  |              | [REDACTED]   |               |                    |
|                       |  |              | [REDACTED]   |               |                    |
|                       |  |              | [REDACTED]   |               |                    |
|                       |  |              | [REDACTED]   |               |                    |
|                       |  |              | [REDACTED]   |               |                    |
| 9. Equipment Cleaning | Performing cleaning during active treatment, Insufficient cleaning procedures in place | 2M           | [REDACTED]   | 1L            |                    |
|                       |  |              | [REDACTED]   |               |                    |

SAMPLE

| 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     |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |

SAMPLE

| 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     |
|                        |  |              | [REDACTED]   |               |                    |
| 10. Patient Monitoring | Deteriorating patient condition, Unsafe environmental conditions, Patients | 2M           | [REDACTED]   | 1L            |                    |

SAMPLE

| 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     |
|                                |  |              | [REDACTED]   |               |                    |
|                                |  |              | [REDACTED]   |               |                    |
|                                |  |              | [REDACTED]   |               |                    |
|                                |  |              | [REDACTED]   |               |                    |
|                                |  |              | [REDACTED]   |               |                    |
|                                |  |              | [REDACTED]   |               |                    |
|                                |  |              | [REDACTED]   |               |                    |
|                                |  |              | [REDACTED]   |               |                    |
| 11. Scheduled Site Maintenance | Exposure to cytotoxic substances, Mishandling of equipment | 2M           | [REDACTED]   | 1L            |                    |
|                                |  |              | [REDACTED]   |               |                    |
|                                |  |              | [REDACTED]   |               |                    |
|                                |  |              | [REDACTED]   |               |                    |
|                                |  |              | [REDACTED]   |               |                    |
|                                |  |              | [REDACTED]   |               |                    |
|                                |  |              | [REDACTED]   |               |                    |
|                                |  |              | [REDACTED]   |               |                    |

SAMPLE

| 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     |
|  |   |              | [REDACTED]   |               |                    |
|  |   |              | [REDACTED]   |               |                    |
|  |   |              | [REDACTED]   |               |                    |
|  |   |              | [REDACTED]   |               |                    |
| 12. Transportation of Cytotoxic Substances | Improper containment, Vehicle accidents | 3H           | [REDACTED]   | 2M            |                    |
|  |   |              | [REDACTED]   |               |                    |
|  |   |              | [REDACTED]   |               |                    |
|  |   |              | [REDACTED]   |               |                    |
|  |   |              | [REDACTED]   |               |                    |
|  |   |              | [REDACTED]   |               |                    |
|  |   |              | [REDACTED]   |               |                    |

SAMPLE

| 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     |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |

SAMPLE



**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 FOR ANY STATE THAT ARE NOT APPLICABLE

|  |  |
|--|--|
| <p><b>Queensland &amp; Australian Capital Territory</b><br/>                 Work Health and Safety Act 2011<br/>                 Work Health and Safety Regulations 2011<br/>                 Legislation QLD: <a href="https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws">https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws</a><br/>                 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><br/>                 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><br/>                 Codes of Practice ACT: <a href="https://www.worksafe.act.gov.au/laws-and-compliance/codes-of-practice">https://www.worksafe.act.gov.au/laws-and-compliance/codes-of-practice</a></p>        | <p><b>Victoria</b><br/>                 Occupational Health and Safety Act 2004<br/>                 Occupational Health and Safety Regulations 2017<br/>                 Legislation VIC: <a href="https://www.worksafe.vic.gov.au/occupational-health-and-safety-act-and-regulations">https://www.worksafe.vic.gov.au/occupational-health-and-safety-act-and-regulations</a><br/>                 Codes of Practice VIC: <a href="https://www.worksafe.vic.gov.au/compliance-codes-and-codes-practice">https://www.worksafe.vic.gov.au/compliance-codes-and-codes-practice</a></p>   |
| <p><b>New South Wales</b><br/>                 Work Health and Safety Act 2011<br/>                 Work Health and Safety Regulations 2017<br/>                 Legislation NSW: <a href="https://www.safework.nsw.gov.au/legal-obligations/legislation">https://www.safework.nsw.gov.au/legal-obligations/legislation</a><br/>                 Codes of Practice NSW: <a href="https://www.safework.nsw.gov.au/resource-library/list-of-codes-of-practice">https://www.safework.nsw.gov.au/resource-library/list-of-codes-of-practice</a></p>  | <p><b>Western Australia</b><br/>                 Work Health and Safety Act 2020<br/>                 Work Health and Safety Regulations 2022<br/>                 Legislation Western Australia: <a href="https://www.commerce.wa.gov.au/worksafe/legislation">https://www.commerce.wa.gov.au/worksafe/legislation</a><br/>                 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></p>   |
| <p><b>Northern Territory</b><br/>                 Work Health and Safety (National Uniform Legislation) Act 2011<br/>                 Work Health and Safety (National Uniform Legislation) Regulations 2011<br/>                 Legislation NT: <a href="https://worksafe.nt.gov.au/laws-and-compliance/workplaces-and-laws">https://worksafe.nt.gov.au/laws-and-compliance/workplaces-and-laws</a><br/>                 Codes of Practice NT: <a href="https://worksafe.nt.gov.au/laws-and-compliance/codes-of-practice">https://worksafe.nt.gov.au/laws-and-compliance/codes-of-practice</a></p>   | <p><b>Safe Work Australia Links</b><br/>                 Law and Regulation (All States): <a href="https://www.safeworkaustralia.gov.au/law-and-regulation">https://www.safeworkaustralia.gov.au/law-and-regulation</a><br/>                 Model Codes of Practice: <a href="https://www.safeworkaustralia.gov.au/resources-publications/model-codes-of-practice">https://www.safeworkaustralia.gov.au/resources-publications/model-codes-of-practice</a></p>  |
| <p><b>South Australia</b><br/>                 Work Health and Safety Act 2012 (SA)<br/>                 Work Health and Safety Regulations 2012 (SA)<br/>                 Legislation for SA: <a href="https://www.safework.sa.gov.au/resources/legislation">https://www.safework.sa.gov.au/resources/legislation</a><br/>                 Codes of Practice for SA: <a href="https://www.safework.sa.gov.au/workplaces/codes-of-practice#COPs">https://www.safework.sa.gov.au/workplaces/codes-of-practice#COPs</a></p>  | <p><b>Model Codes of Practice</b></p> <ul style="list-style-type: none"> <li>- Managing noise and preventing hearing loss at work</li> <li>- Confined spaces</li> <li>- Labelling of workplace hazardous chemicals</li> <li>- Managing risks of hazardous chemicals in the workplace</li> <li>- Welding processes</li> <li>- First aid in the workplace</li> <li>- Managing the risk of falls at workplaces</li> <li>- Hazardous manual tasks</li> <li>- Managing the risk of falls in housing construction</li> <li>- Managing electrical risks in the workplace</li> <li>- Demolition work</li> <li>- Excavation work</li> <li>- Work health and safety consultation, cooperation and coordination</li> <li>- Managing the work environment and facilities</li> <li>- How to manage work health and safety risks</li> <li>- Managing risks of plant in the workplace</li> <li>- Construction work</li> </ul> |
| <p><b>Tasmania</b><br/>                 Work Health and Safety Act 2012<br/>                 Work Health and Safety (Transitional and Consequential Provisions) Act 2012<br/>                 Work Health and Safety Regulations 2012<br/>                 Work Health and Safety (Transitional) Regulations 2012<br/>                 Legislation for TAS: <a href="https://worksafe.tas.gov.au/topics/laws-and-compliance/acts-and-regulations">https://worksafe.tas.gov.au/topics/laws-and-compliance/acts-and-regulations</a><br/>                 Codes of Practice for TAS: <a href="https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice">https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice</a></p> <p>Details of permits, licenses or access required by regulatory bodies (add or delete as required):</p> <ul style="list-style-type: none"> <li>- Permits from local council</li> <li>- Authorisation to commence work</li> <li>- Any required documents.</li> </ul> |  |

**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.

| Worker Name | Position | Signature | Date  | Time | Supervisor |
|-------------|----------|-----------|-------|------|------------|
|             |          |           | Date: |      |            |
|             |          |           | Date: |      |            |
|             |          |           | Date: |      |            |
|             |          |           | Date: |      |            |
|             |          |           | Date: |      |            |
|             |          |           | Date: |      |            |
|             |          |           | Date: |      |            |

**SAFE WORK METHOD STATEMENT MONITORING AND REVIEW**

**The SWMS must be reviewed regularly** to make sure it remains effective and must be reviewed (and revised if necessary) if relevant control measures are needed. 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 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 them to understand and implement the revised SWMS.

**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 that the PCBU is consistently developing ever-improving systems of safe work principles.

| REVIEW NUMBER | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 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.                     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Names and signatures of all relevant personnel consulted during the development of the SWMS.       | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Name, signature, position and date signed of the person approving the SWMS.                        | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Specific personnel and qualifications, experience is noted in the SWMS.                            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Provides a step-by-step process of tasks required to carry out the activity or task.               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Adequate risk assessment of any identified hazards has been completed.                             | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Foreseeable hazards are identified and documented for each step.                                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Any hazards listed in any site risk assessments have been added to the SWMS.                       | <input type="checkbox"/> | <input type="checkbox"/> |          |
| SWMS initial risk (IR) column as well as residual risk (RR) columns completed.                     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Check control measures added to the SWMS are the most effective solutions.                         | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Responsible person is assigned and listed on the SWMS for the implementation of control measures.  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Permit requirements specified, such as Hot Work, Electrical Work, Work at Heights etc.             | <input type="checkbox"/> | <input type="checkbox"/> |          |
| SWMS identifies plant and equipment to be used.  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Details of inspection checks required for any equipment listed are noted on the SWMS.              | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Describes any mandatory qualifications, experience, training, skills required to perform the work. | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Applicable personal protective equipment is selected on the SWMS.                                  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Lists any required permits or licenses.  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Reflects and documents any legislative references and/or Australian Standards.                     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Identifies any hazardous substances used with specific control measures in line with any SDS.      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <b>REVIEWED BY</b>   |                          | <b>DATE REVIEWED</b>     |          |
| <b>SIGNATURE</b>   |                          | <b>DATE COMPLETED</b>    |          |