

**Hot Cutting Knife | SAFE WORK METHOD STATEMENT (SWMS)**

**TASK OR ACTIVITY: Hot Cutting Knife**

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, then to 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 support 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.          |
|                |               |            |            |         |              |             |                                   | <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"/> |

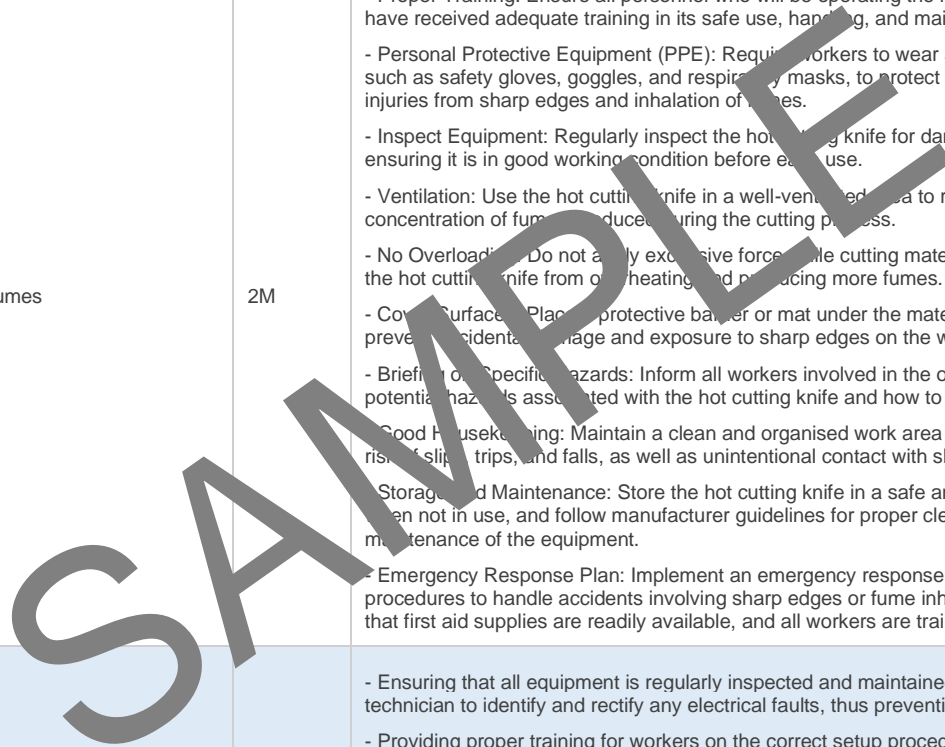
Select the appropriate PPE above suitable for the equipment used or the job task being performed (if applicable).

**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.

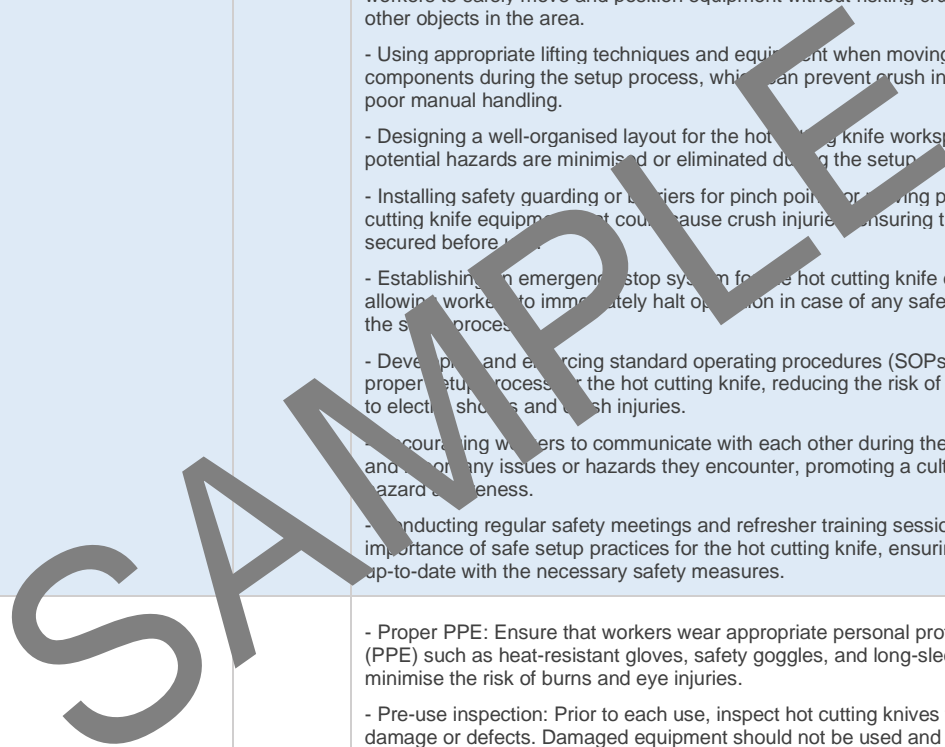
When a SWMS has been revised, the person conducting a business or undertaking must ensure all:

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          | Sharp edges, Fumes              | 2M           | <ul style="list-style-type: none"> <li>- Proper Training: Ensure all personnel who will be operating the hot cutting knife have received adequate training in its safe use, handling, and maintenance.</li> <li>- Personal Protective Equipment (PPE): Require workers to wear appropriate PPE, such as safety gloves, goggles, and respiratory masks, to protect against possible injuries from sharp edges and inhalation of fumes.</li> <li>- Inspect Equipment: Regularly inspect the hot cutting knife for damage or wear, ensuring it is in good working condition before each use.</li> <li>- Ventilation: Use the hot cutting knife in a well-ventilated area to reduce the concentration of fumes produced during the cutting process.</li> <li>- No Overloading: Do not apply excessive force while cutting materials, to prevent the hot cutting knife from overheating and producing more fumes.</li> <li>- Cover Surfaces: Place protective barrier or mat under the material being cut to prevent accidental damage and exposure to sharp edges on the work surface.</li> <li>- Briefing on Specific Hazards: Inform all workers involved in the operation about potential hazards associated with the hot cutting knife and how to avoid them.</li> <li>- Good Housekeeping: Maintain a clean and organised work area to minimise the risk of slips, trips, and falls, as well as unintentional contact with sharp edges.</li> <li>- Storage and Maintenance: Store the hot cutting knife in a safe and secure location when not in use, and follow manufacturer guidelines for proper cleaning and maintenance of the equipment.</li> <li>- Emergency Response Plan: Implement an emergency response plan that includes procedures to handle accidents involving sharp edges or fume inhalation, ensuring that first aid supplies are readily available, and all workers are trained in their use.</li> </ul> | 1L            |                    |
| 2. Setting up Equipment | Electric shocks, Crush injuries | 3H           | <ul style="list-style-type: none"> <li>- Ensuring that all equipment is regularly inspected and maintained by a qualified technician to identify and rectify any electrical faults, thus preventing electric shocks.</li> <li>- Providing proper training for workers on the correct setup procedure of the hot cutting knife equipment, reducing the risk of crush injuries when setting up the equipment.</li> <li>- Use of personal protective equipment (PPE) such as insulated gloves and safety footwear to protect against potential electric shocks and crush injuries during the setup process.</li> <li>- Implementing a lockout/tagout procedure during the setup process to ensure that the equipment remains powered off until set up is complete, minimising the risk of electric shocks.</li> <li>- Clearly marking and isolating any live electrical components, such as cables or switches, during setup to reduce the risk of accidental electric shocks.</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>- Ensuring an adequate workspace around the hot cutting knife equipment, allowing workers to safely move and position equipment without risking crush injuries from other objects in the area.</li> <li>- Using appropriate lifting techniques and equipment when moving heavy components during the setup process, which can prevent crush injuries caused by poor manual handling.</li> <li>- Designing a well-organised layout for the hot cutting knife workspace, so that any potential hazards are minimised or eliminated during the setup process.</li> <li>- Installing safety guarding or barriers for pinch points or moving parts of the hot cutting knife equipment that could cause crush injuries, ensuring they are properly secured before use.</li> <li>- Establishing an emergency stop system for the hot cutting knife equipment, allowing workers to immediately halt operation in case of any safety concerns during the setup process.</li> <li>- Developing and enforcing standard operating procedures (SOPs) that outline the proper setup process for the hot cutting knife, reducing the risk of accidents related to electrical shocks and crush injuries.</li> <li>- Encouraging workers to communicate with each other during the setup process and report any issues or hazards they encounter, promoting a culture of safety and hazard awareness.</li> <li>- Conducting regular safety meetings and refresher training sessions to reinforce the importance of safe setup practices for the hot cutting knife, ensuring all workers are up-to-date with the necessary safety measures.</li> </ul> |               |                    |
| 3. Hot Cutting Process | Burns, Eye injuries    | 3H           | <ul style="list-style-type: none"> <li>- Proper PPE: Ensure that workers wear appropriate personal protective equipment (PPE) such as heat-resistant gloves, safety goggles, and long-sleeved shirts to minimise the risk of burns and eye injuries.</li> <li>- Pre-use inspection: Prior to each use, inspect hot cutting knives for any visible damage or defects. Damaged equipment should not be used and must be reported to the supervisor immediately.</li> <li>- Training and supervision: Provide proper training to all workers on the safe operation of hot cutting knives, and ensure that a competent supervisor is always present during hot cutting operations.</li> <li>- Ventilation: Establish proper ventilation in the workplace to remove smoke and fumes generated by the hot cutting process, preventing exposure to workers.</li> <li>- Safe work distance: Implement a safe work zone around the hot cutting area, keeping a minimum distance of 3 meters from other workers, flammable materials, and sources of ignition.</li> <li>- Emergency response plan: Develop and communicate an emergency response plan to all employees, including instructions for handling potential hazards such as</li> </ul>  | 1L            |                    |



| 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     |
|                      |   |              | fires, chemical exposures, and first aid procedures for burn treatment and eye injuries.<br>- Regular breaks: Encourage workers to take regular breaks when using hot cutting knives to reduce the risk of fatigue-related accidents and maintain concentration.<br>- Equipment maintenance: Implement a routine maintenance schedule for hot cutting knives to ensure optimal performance and avoid potential malfunctions, which may lead to accidents.<br>- Clutter-free environment: Keep the workspace organised and free of clutter and debris. This helps reduce tripping or slipping hazards, preventing workers from getting too close to hot cutting tools inadvertently.<br>- Communication and signage: Post clear signs and warnings around the hot cutting area, informing workers of potential hazards associated with the process. Ensure all workers understand the risks and have access to relevant safety information. |               |                    |
| 4. Material Handling | Manual handling injuries, Slips and trips | 2M           | [REDACTED]<br>[REDACTED]<br>[REDACTED]<br>[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]   |               |                    |
| 5. Maintenance      | Electric shocks, Cuts  | 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]   |               |                    |
| 6. Blade Replacement | Cuts, Pinch injuries   | 3H           | [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]   |               |                    |
| 7. Cleaning and Sanitization | Chemical exposure, slips | 2M           | [REDACTED]   | 1L            |                    |
|                              |                          |              | [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]   |               |                    |
| 8. Inspection       | Eye strain, Repetitive movements | 1L           | [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]   |               |                    |
| 9. Storage          | Improper storage, Falling objects | 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]   |               |                    |
| 10. Emergency Procedures | Insufficient evacuation plans, Panic situations | 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]   |               |                    |
| 11. Breakdown and Disposal | Moving parts, Fall from height | 3H           | [REDACTED]   | 2M            |                    |

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. Documentation   | Incorrect documentation, Miscommunication | 1L           | [REDACTED]   | 1L            |                    |
|                     |   |              | [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]   |               |                    |

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>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>    |          |