

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



		CL	IENT OR PRINCIPAL	CONTRACTOR D	DETAILS				
Client:						SCOPE OF WORKS			
Project Name:				Provide a detailed description	n of the specific work being	carried out (otherwise			
Project Address:					known as cope of works).				
Project Manager:									
Contact Phone:									
Project Manager Sig	gnature:								
Date SWMS supplie	ed to Project Manager:								
		ANY HIGH	RISK CON PUCT	N' JRK BEING	CARRIED OUT				
☐ involves a risk of a p	erson falling more than 2 n	neters.		is carried out on or near pressurised gas mains or piping.					
is carried out on a te	lecommunication tower.		M + M	is carried out on	is carried out on or near chemical, fuel or refrigerant lines.				
☐ involves demolition of	of an element of a structure	that is load-be		is carried out on	or near energised electrical ins	stallations or services.			
☐ involves demolition of	of an element related to the	e physical integril of a str	3	is carried out in	an area that may have a conta	minated or flammable atmo	sphere.		
☐ involves, or is likely t	o involve, disturbing a es	stos.		☐ involves tilt-up or precast concrete.					
☐ involves structural al	teration or repair that re	mporal, upp to p	prevent collapse.	is carried out on, in or adjacent to a road, railway, shipping lane or other traffic corridor.					
is carried out in or ne	ear a confined space.			is carried out in	an area of a workplace where t	there is any movement of po	owered mobile plant.		
☐ is carried out in/near	a shaft or trench deeper th	nan 1.5m or tunnel involvir	ng use of explosives.	is carried out in	areas with artificial extremes of	f temperature.			
is carried out in or ne	ear water or other liquid tha	at involves a risk of drowning	ng.	involves diving v	vork.				
		ANY H	IGH-RISK MACHINER	RY OR EQUIPMEN	NT NEARBY				
☐ Forklift	☐ Crane/s	☐ Hoist/s	☐ Excavator	☐ Backhoe/Loader	Boom Lift	□ EWP	☐ Genie Lift		
☐ Trencher	☐ Drilling Rig	Trucks	Formwork	☐ Bobcat	☐ Flammable Gas	☐ Fuel	☐ Dozer		
☐ High Voltage	☐ Mulcher	☐ Tilt-up Panels	Roller	☐ Scissor Lift	☐ Tractor	☐ Other -			





FOOT HAND **HEAD HEARING** SPIRATORY FACE HIGH-VIS **PROTECTIVE** FALL SUN HAIR/JEWELLERY CLOTHING **PROTECTION PROTECTION** PROTECTION **PROTECTION** PROTE DTECTION **PROTECTION** CLOTHING **PROTECTION PROTECTION SECURED**

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

Note: A SWMS must be reviewed regularly to make sure it remains effective. A SWMS must be reviewed (and revised if necessary) if relevant control measures are revised. The review process should be carried out in consultation with workers (including contractors and subcontractors) who may be affected by the operation of the SWMS and their health and safety representatives who represented that work group at the workplace.

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

- 1. persons involved in the work are advised that a revision has been made and how they can access the revised SWMS;
- 2. persons who will need to change a work procedure or system as a result of the review are advised of the changes in a way that will enable them to implement their duties consistently with the revised SWMS: and.
- 3. workers that will be involved in the work are provided with the relevant information and instruction that will assist them to understand and implement the revised SWMS.



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR	RESPONSIBLE PERSON
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK	NAME OF PERSON
1. Preparation	Manual handling injuries, Slips, trips and falls	2M	 Provide manual handling training to employees covering proper lifting techniques, correct posture and guidance on when to seek assistance. Ensure workers wear appropriate personal procetive equipment (PPE) including slip-resistant footwear to minimise the risk comps, trips, and falls. Keep the work area clean and free from obserctions autter, and debris that may cause tripping hazards. Use mechanical aids such a trolleys, pallet true or hoister merever possible, to move heavy loads and reduce or risk of manual hardling apprecia. Implement a system of contular of pection and maintenance of all tools, equipment and machinent colved in a incline press operior. Clearly mark assignated collaways and hap them free from obstacles to ensure the someover of of abonnel and equipment within the workspace. Enforce buddy attem whereby team members are encouraged to work together, seekin the ovith mis real tasks and maintaining communication about potential hazards. Place in n-slip onts or flooring in areas prone to spills or dampness, reducing the like nood if slips and trips occurring during the preparation phase. Develor ad implement an emergency response plan, outlining procedures for alling with accidents or incidents that lead to injuries or hazardous situations. Encourage open communication channels among staff members, enabling them to report any concerns and share suggestions for improving workplace health and safety practices. 	1L	
2. Equipment inspection	Faulty equipment, Electrical hazards	ЗН	 Ensure regular maintenance and inspection of equipment by a qualified technician to identify any wear, tear or defects. Provide training to workers on the proper usage, handling, and maintenance of incline press equipment. Colour code and tag inspected equipment that has passed safety checks for easier identification. Staff should visually inspect equipment at the start of every shift, and report any observed issues to a manager/or supervisor immediately. Establish and enforce strict lockout/tagout procedures to prevent unauthorised use of faulty equipment. Keep the equipment area clear of debris, spills, and clutter to minimise trip hazards near electrical components. Ground all electrical equipment and install residual current devices (RCDs) to mitigate the risk of electrical shock. 	2M	



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			- Ensure adequate ventilation in the workspace to prevent overheating of electrical equipment.		
			- Only use equipment certified for Australian stand so and conforming to AS/NZS 3760:2010 which details requirements for inspecion, testing and tagging electrical equipment.		
			- Store electrical cords safely to prevent dam, and old creating hazards like tripping or contact with water.		
			- Establish safe work instruct s to assess and no age risk associated with working with or near electricity		
			- Install weatherproduces shields as required for outdoor equipment to protect against aposure to oistu, and other promental factors.		
			- Encourage on communication with the workplace so that potential hazards are promore portugated where feel empowered to discuss their concerns freely.		
			- Con. L. Lupda, and review the SWMS to ensure it remains relevant and effective in dressn, evolving risks and maintaining a safe working environment.		
			Prior to seeming incline press, conduct a thorough risk assessment and ensure all the are aware of the hazards and control measures in place.		
			Ensure the equipment is assembled on a sturdy and level surface to avoid ing or sliding during use.		
			- Be mindful of pinch points when setting up the incline press, especially when connecting parts and attaching safety clips or pins.		
			- Use proper lifting techniques while moving and positioning heavy components of the incline press, such as bending at the knees and keeping a neutral spine to avoid back injuries.		
3. Set up incline press	Pinch points, Incorrect partitioning	2M	- Keep hands and fingers clear of any moving parts during assembly to prevent pinching injuries.	1L	
	equipment		- Ensure all bolts and other fasteners are tightened securely to minimise the risk of loose components becoming hazards.		
			- Arrange equipment in such a way that there is adequate space for users to safely perform the exercise, including room for a spotter if necessary.		
			- Place safety signage and warnings in visible locations around the incline press to remind users of potential hazards and the proper use of equipment.		
			- Always use a spotter when performing exercises on the incline press, especially at heavy weights or during fatigue, to minimise the risk of injury due to incorrect technique or loss of control.		
			- Routinely inspect the integrity of the incline press's components, including welding joints, bolts and clips, to ensure the ongoing safety of the equipment.		



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			 Provide workers with appropriate personal protective equipment (PPE), such as gloves and eye protection, when setting up and using the incline press to minimise potential injuries. 		
			- Consider implementing an equipment maintenance schedule to regularly check and maintain the condition of the incline press, during it remains safe and functionally sound.		
			- Provide ongoing training and refresher course to workers to keep them informed about the latest industry standards and best practices relating to workplace health and safety procedures and in the press usage.		
4. Load weights	Crushing injuries, annual hinjuries	3H		2M	



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5. Warm-up exercises	Muscle strain, Soft tissure ries	21		1L	



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6. Safe lifting techniques	Back injury, Knee injury	M		1L	
7. Using incline press	Incorrect form causing injury, Equipment failure	3Н		1L	



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8. Spotter assistance	Poor communication, Inadequate assistance during exercise			1L	
9. Increasing weight	Overexertion, Muscle strain	ЗН		2M	



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10. Monitoring fatigue	Decreased concessation, Increased risk of injury	2M		1L	



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11. Breaks and hydration	Misstep, Dehydrat	1L		1L	



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12. Adjusting seat height	Pinch points, Impreser adjustment	2M		1L	



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13. Sanitizing					
13. Sanitizing equipment	Chemical burns, San irritati	2M		1L	



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14. Dismantling incline press	Pinch points, Equipment damage	2M		1L	



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15. Clean up and storage	Tripping hazards, Inadequate storage	2M		1L	



EMERGENCY RESPONSE - CALL 000 FOR EMERGENCIES

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

LEGISLATIVE REFERENCES

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

Queensland & Australian Capital Territory

Work Health and Safety Act 2011

Work Health and Safety Regulations 2011

Legislation QLD: https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws

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

Codes of Practice ACT: https://www.worksafe.act.gov.au/laws-and-compliance/codes-of-practice

New South Wales

Work Health and Safety Act 2011

Work Health and Safety Regulations 2017

Legislation NSW: https://www.safework.nsw.gov.au/legal-obligations/legislat

Codes of Practice NSW: https://www.safework.nsw.gov.au/resource-library/lis > odes-or racti

Northern Territory

Work Health and Safety (National Uniform Legislation) Act 2011

Work Health and Safety (National Uniform Legislation) Regulation 2011

Legislation NT: https://worksafe.nt.gov.au/laws-and-compliance/wo_place-

Codes of Practice NT: https://worksafe.nt.gov.au/5

South Australia

Work Health and Safety Act 2012 (SA)

Work Health and Safety Regulations 2012 (SA)

Legislation for SA: https://www.safework.sa.gov.au/resources/legislation

Codes of Practice for SA: https://www.safework.sa.gov.au/work_aces/codes-of-practice#COPs

Tasmania

Work Health and Safety Act 2012

Work Health and Safety (Transitional and Consequential Provisions) Act 2012

Work Health and Safety Regulations 2012

Work Health and Safety (Transitional) Regulations 2012

Legislation for TAS: https://worksafe.tas.gov.au/topics/laws-and-compliance/acts-and-regulations

Codes of Practice for TAS: https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice

Details of permits, licenses or access required by regulatory bodies (add or delete as required):

- Permits from local council
- Authorisation to commence work
- Any required documents.

Victoria

Occupational Health at Safety Act 34

Occupational Health and afety gulations 2017

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

<u>Julai.</u>

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

Western Australia

Work Health and Safety Act 2020

Work Health and Safety Regulations 2022

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

Safe Work Australia Links

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

Model Codes of Practice

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



SIGNATORIES OF THE SAFE WORK METHOD STATEMENT

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

Tollow any Sale work instructions which are provided, and agrees to use all reisonal riotective Equipment where appropriate.							
Worker Name	Pos	sition	Signature	Date	Time	Sup	pervisor
				Date:			
				_			
				Date			
				l te:			
			AV	Date:			
				Date:			
				Date:			
				Date:			
		SAF WO A S	THUD STATEMENT	MONITORING AND	REVIEW		
The SWMS must be review revised if necessary) if relevations consultation with workers (in of the SWMS and their healt workplace. When the SWMS has been an advised that a revision has been who will need to change a way that will enable them the will be involved in the work in the survey.	ant control measu cluding contractors and subth and safety representatives revised the PCBU must ensive made and how they call ork procedure or system as to implement their duties contract be provided with the reliable contract.	The SWMS must be monitored regularly for the effectiveness of ensuring hazard controls are effective in reducing the risk of incidents, keeping the workplace safe for all personnel. The person responsible for monitoring the effectiveness of the Safe Work Method Statement should employ a multi-faceted approach which includes but is not limited to: 1. Spot Checks. 2. Consultation with workers, contractors and sub-contractors. 3. Internal audits on a continual basis. An approach of continuous improvement, promptly recording inconsistencies or deficiencies, followed up by immediate corrective action and consultation with all relevant personnel ensures					
them to understand and implement the revised SWMS. that the PCBU is consistently developing ever-improving systems of safe work principles.							
REVIEW NUMBER	1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7
NAME							
INITIALS							
DATE							



SAFE WORK METHOD STATEMENT REVIEW CHECKLIST

This Safe Work Method Statement Review Checklist is to be followed and used upon initial development of the SWMS to help ensure that all steps have been adequately taken before work commences. Think of this document as an internal audit review checklist before commencing work, and may form part of a Toolbox Talk (safety meeting) and may be used as an opportunity for education and training.

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ITEMS WHICH MUST BE INCLUDED IN THE SWMS	COMPLETED	TO BE DONE	COMMENTS			
The company details have been entered, including the project name and address.						
Names and signatures of all relevant personnel consulted during the development of the SWMS.		D				
Name, signature, position and date signed of the person approving the SWMS.						
Specific personnel and qualifications, experience is noted in the SWMS.	P					
Provides a step-by-step process of tasks required to carry out the activity or task.						
Adequate risk assessment of any identified hazards has been completed.						
Foreseeable hazards are identified and documented for each step.						
Any hazards listed in any site risk assessments have been added to the SWN						
SWMS initial risk (IR) column as well as residual risk (RR) columns completed.						
Check control measures added to the SWMS are the most effecting sections.						
Responsible person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person is assigned and listed on the SWMS for the imperent person person is assigned and listed on the SWMS for the imperent person per						
Permit requirements specified, such as Hot Work, Electrical Work, Vocat Heights etc.						
SWMS identifies plant and equipment to be u 1.						
Details of inspection checks required for any equipment listed at noted on the SWMS.						
Describes any mandatory qualifications, experience raining skills required to perform the work.						
Applicable personal protective equipment is selected on the SWMS.						
Lists any required permits or licenses.						
Reflects and documents any legislative references and/or Australian Standards.						
Identifies any hazardous substances used with specific control measures in line with any SDS.						
REVIEWED BY	DATE R	EVIEWED				
SIGNATURE	DATE CO	MPLETED				