



Laser Cutter S	AFE WORK METHOD STAT	EMENT (SWMS)	
	TASK OR ACTIVITY: Laser Cutte	r	
Business Name: [Company Name]		ABN: [ABN]	SWMS#
Business Address: [Company Address]			
Contact Person:	Phone: [Phone]	E il:	
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		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 egislative requirements to first identify any site hazards, conditions unical those hazards and then to further take steps to either the conditions of the conditions are or conditions.	NAME	SIGNATURE	DATE
If an incident or a near miss occurs, all work must steam ately. 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.			

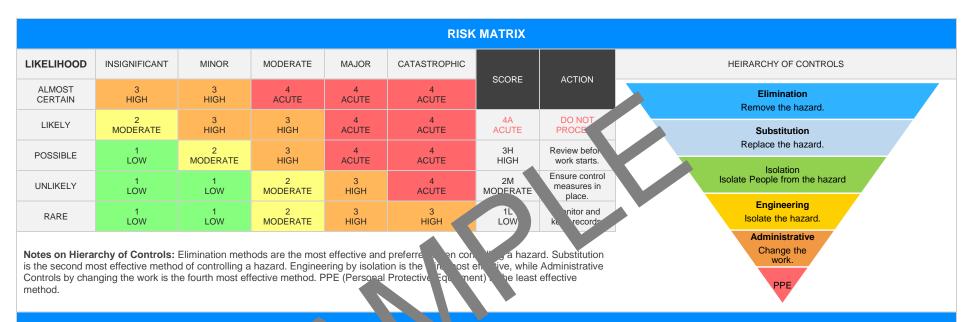
Version 2.5 Authorised by Review # Date of Issue: Review Date: 1





		CL	IENT OR PRINCIPAL	CONTRACTOR D	DETAILS				
Client:						SCOPE OF WORKS			
Project Name:					Provide a detailed description 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 r	meters.		is carried out on	ried out on or near pressurised gas mains or piping.				
is carried out on a te	lecommunication tower.			is carried out on	or near chemical, fuel or refrig	erant lines.			
☐ involves demolition of	of an element of a structure	e that is load-be		is carried out on	is carried out on or near energised electrical installations or services.				
☐ involves demolition of	of an element related to the	e physical integrit of a str	2	is carried out in	is carried out in an area that may have a contaminated or flammable atmosphere.				
☐ involves, or is likely t	o involve, disturbing a	stos.		☐ involves tilt-up o	involves tilt-up or precast concrete.				
involves structural al	teration or repair that re	upp to	prevent collapse.	is carried out on	, in or adjacent to a road, railwa	ay, shipping lane or other tr	affic 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 t	han 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 drowni	ng.	☐ involves diving v	vork.				
		ANY H	IGH-RISK MACHINEF	RY OR EQUIPMEN	NT NEARBY				
☐ Forklift	☐ Crane/s	☐ Hoist/s	☐ Excavator	☐ Backhoe/Loader	r 🔲 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 -			





PERL NAL TECTIVE EQUIPMENT (PPE)

FOOT PROTECTION	HAND PROTECTION	HEAD PROTECTION	HEARING PROTECTION	PROTE	SPIRATORY P STECTION	FACE PROTECTION	HIGH-VIS CLOTHING	PROTECTIVE CLOTHING	FALL PROTECTION	SUN PROTECTION	HAIR/JEWELLERY SECURED
			A								

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	Exposure to harmful fumes, potential fire hazard from improper wiring	ЗН	 Ensure a detailed risk assessment of the worksite is conducted before initiating work. Identify all potential hazards and establish near usary control measures. Utilise proper laser cutter personal protectives calpment such as safety goggles, heat-resistant gloves, and dust masks to project against harmful fumes. Ensure the laser cutter is in good working o edition on up-to-date maintenance checks. This includes checking for frayed or date of wires that could pose a fire risk. Provide adequate ventilation entems like fume exactive units to remove toxic fumes generated dust may also cutting process. Make sure the one laser user is paced in a charge attention of the laser cutter, and they say at alway and worm manufacturer guidelines. Mainten a clean woring environment by promptly cleaning up dust, offcuts, and other worth the risals corevent their potential contact with hot surfaces. Regulary insportant efficiently maintain all electrical installations and equipment to proven lisk of the due to faulty wiring. Establic emergency procedures including pathways that are clear from attructions, accessible firefighting equipment, and suitable evacuation plans. Fuster a safety-first culture at the workplace where workers are encouraged to report potential hazards and near misses to ensure proactive prevention measures can be taken. 	2M	
2. Equipment Setup	Electrocution from faulty equipment, injury from unsafe handling	ЗН	 Conduct regular inspections of the laser cutter and associated equipment to ensure no faulty wiring or parts that could lead to electrocution. Train all operators in correct procedures for setting up and handling the laser cutter to minimise risk of injuries. Install Residual Current Devices (RCDs) on the electrical circuit for added protection against electrocution. Ensure earth continuity checks are conducted regularly on all electrical equipments. Store tools and other materials not in use safely and away from the working area to prevent mishandling and injuries. Have a preventive maintenance schedule in place for the laser cutter to ensure its optimal working condition. All staff should wear approved Personal Protective Equipment (PPE) including safety gloves, guards and eye protection when handling the laser cutter. 	1L	



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			- Implement a lock out and tag out system for faulty equipment until repaired or replaced.		
			- Use certified technicians only for repair and major unce work on the laser cutter.		
			- Employees educated on first aid procedure—uch as CPR, to immediately respond to potential electrocution incidents.		
			- Provide adequate lighting at the workplace's harmilloyees can clearly see and avoid potential hazards.		
			- Clear instructional signage a jut safe operation a jund by a cutter must be made visible		
			- Zone off physical space and to laser cutter of only those trained and in appropriate and can enter thing of ations		
			- Limit anstruction site to use near equitation entire setup to reduce risk of injury or dama equip		
			- Ensure all types to dling the laser cutter have completed specific training concerning the operation and risks associated with the machine.		
			special designed for laser work that absorb the majority of the beam's energy.		
			inplement a system of regular routine checks on the alignment of the laser. Mulignment can increase the risk of unintended exposure.		
			Set up barriers or screens to contain the laser beam within a designated safe area, protecting those outside from exposure.		
			- Implement procedures for emergency shutdown in case of any malfunction or potential hazard arising during operation.		
3. Laser Alignment	Eye injury from laser exposure, burn from high heat	4A	- Keep the immediate workspace surrounding the laser clean and free of reflective materials to minimise the chance of beam deflection.	2M	
			- Regular maintenance of the laser cutter should be done by a professional to guarantee it's working safely and efficiently.		
			- Limit access to the area where the laser is used, especially during operation. Only trained personnel should be present.		
			- Install safety interlocks on doors and panels to ensure the laser cannot operate when these are open, providing an important level of security against accidental exposure.		
			- Regularly conduct safety audits to ensure all systems are functional, procedures are being followed and mandatory safety measures such as goggles are available and in good condition.		
4. Material Loading	Manual handling injuries, cuts from sharp material edges	2M		1L	



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5. Test Run	Unchecked equipment malfunctions, user errors leading to safety failures	ЗН		2M	



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6. Production Run	Prolonged exposure to high noise levels, repetitive strain injuries	ЗН		2M	



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7. Quality Inspection	Strain injuries from bad posture, eye strain due to prolonged focus	2M		1L	



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8. Parts Unloading	Cuts and wounds from sharp parts, manual handling injuries	2M		1L	



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9. Debris Clean-up	Hand cuts from let word inhalation of dust particles	ЗН		1L	



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10. Machine Shut Down	Electrocution from important damage causing future hazards	ZM		1L	
11. Post-Production Check	Missed equipment failures leading to future risks, overconfidence in the absence of current issues	2M		1L	



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12. Documentation & Reporting	Potential for eye strain, missed health and safety incidents due to erroneous reporting	2M		1L	



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13. Staff Debriefing	Potential disputes leading to stress, communication mishaps resulting in misunderstood instructions	2M		1L	



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14. Equipment Maintenance	Electric shock from ill-maintained machinery, injuries from poor equipment handling during maintenance	3H		2M	



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15. Waste Disposal	Risk of cuts from improper g, exposure to potential harmful waste materials	3Н		1L	



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16. Safety Inspection	Overlooking safety issues causing potential hazards in future, physical strain during extensive inspections	2M		1L	



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17. End-of-Day Checks	Fatigue leading to a sed check accidents due to rush towards end o day	ЗН		2M	



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18. Reporting & Documentation Review	Eyestrain from prolonged computer use mistakes made due to way.	21		1L	
19. Staff Feedback	Stress from conflicts, incorrect feedback leading to future risks	2M		1L	



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20. Shift Handover	Mistakes caused by inadequate communication, overlooked task completion can enhance risks	3H		2M	



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EMERGENCY RESPONSE – CALL 000 FOR EMERGENCIES

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

LEGISLATIVE REFERENCES

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

Queensland & Australian Capital Territory

Work Health and Safety Act 2011

Work Health and Safety Regulations 2011

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/legislati

Codes of Practice NSW: https://www.safework.nsw.gov.au/resource-library/lis codes-of ractice NSW: https://www.safework.nsw.gov.au/resource-library/lis codes-of-ractice NSW

Northern Territory

Work Health and Safety (National Uniform Legislation) Act 2011

Work Health and Safety (National Uniform Legislation) Regulation 201

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/le_lation

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

Tasmania

Work Health and Safety Act 2012

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

Work Health and Safety Regulations 2012

Work Health and Safety (Transitional) Regulations 2012

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

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

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

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

Victoria

Occupational Health al. Safety Act

Occupational Health and afety gulations 2017

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

gulat

les on actice VI atps://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.

Worker Name	Pos	sition	Signature	Date	Time	Sup	ervisor
				Date:			
				Date			
				L te:			
				Date:			
				Date:			
				Date:			
				Date:			
		SAF WC A 5	THOO STATEMENT	MONITORING AND RE	EVIEW		
The SWMS must be reviewed regularly to the ke sure it remains effective and must be reviewed (and revised if necessary) if relevant control measure are all the review who 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 resented 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.					sk of incidents, keeping the nitoring the effectiveness broach which includes but the workers, contractors are a continual basis. In improvement, promptly corrective action and con	ne workplace safe for all of the Safe Work Meth t is not limited to: and sub-contractors. recording inconsistenci sultation with all releval	if personnel. The od Statement should statement should es or deficiencies, nt personnel ensures
REVIEW NUMBER	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7
NAME							
INITIALS							
DATE							

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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 SWI							
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 implementation of contameasures.							
Permit requirements specified, such as Hot Wee, Electrical Work, Verat 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					