



Mortar Sprayer S	SAFE WORK METHOD STA	TEMENT (SWMS)	
T.	ASK OR ACTIVITY: Mortar Spray	er	
Business Name: [Company Name]		ABN: [ABN]	SWMS#
Business Address: [Company Address]			
Contact Person:	Phone: [Phone]	E fil:	
THIS SAFE WORK METHOD	STATEMENT IS APPROVED BY	THE PLOOF THE PROJECT	
Under the Work Health and Safety Regulation (WHS Regulation), a person conduct the proposed work starts.	eting 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 BI 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 those hazards and then to further take steps to either the conditions of the conditions are or conditional talks.	NAME	SIGNATURE	DATE
If an incident or a near miss occurs, all work must standardly. 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.			

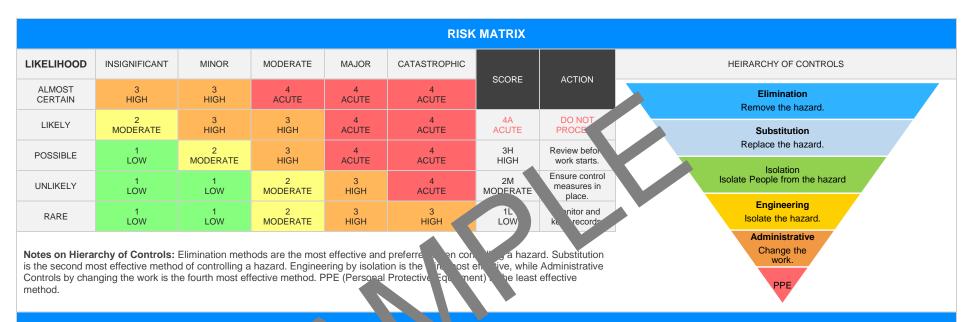
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		CL	IENT OR PRINCIPAL	CONTRACTOR D	DETAILS				
Client:						SCOPE OF WORKS			
Project Name:					Provide a detailed description of the specific work being carried out (otherwise				
Project Address:				known as cope of works).					
Project Manager:									
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	arried 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	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 there is any movement of powered 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	Slips, trips and falls, Electric shock	ЗН	 Ensure the work area is well-lit and clear of any potential tripping hazards such as debris, cords, or unnecessary equipment. Use anti-slip mats if the surface is wet or slipping to reduce the risk of slips and trips. All employees should wear appropriate non the football for added protection against slips, trips, and falls. Implement clearly marked tookways to segregate redestript patfic from machinery or hazardous areas. Regularly inspect to the paragraph of duickly address any potential slip, trip, and fall hazards. Manually have the the more sprayer to though and with proper technique to avoid accipt on it trips. All enternal equipment, including the mortar sprayer, should be regularly tested and take equipment, and is a layer should be properly grounded to prevent electric shocks. The motar's layer should be properly grounded to prevent electric shocks. Insulated and used of faulty electrical tools, including the mortar sprayer, should be reading tasks on the mortar sprayer. Insulated gloves and other personal protective equipment (PPE) should be provided and used when working with electrical equipment to minimize the risk of electric shock. Provision of short safety training about handling electric equipment to remind workers about safety guidelines every time they start their shift. Avoid using electrical devices in wet conditions unless they are intended for that purpose. Promptly clean any spills to ensure floor remains dry to prevent chances of electric shock. 	2M	
2. Assembling Equipment	Incorrect assembly, Material falling	3H	 Provide comprehensive training before operation: Ensure all equipment operator(s) are adequately trained in correct assembly and operation procedures. Check manufacturer's instructions: Always follow the manufacturer's guidance on how to assemble and handle the equipment. Use suitable lifting aids: When assembling heavy components, use appropriate manual handling equipment or ask for help to limit the risk of material falling. Regular inspection: Does a thorough check of all the parts before starting the assembly process, especially components that might be loose or wear out often. 	2M	



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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
			- Wear PPE: Always wear personal protective equipment (PPE) such as hard hats, steel-toed boots, gloves, eye protection and high-visibility clothing.		
			- Clear workspace: Make sure the area where you' working is clean, tidy, and free from obstructions or tripping hazards.		
			- Equipment maintenance: Regularly maintenance and service our equipment to ensure it's safe to use and operates effectively.		
			- Lockout/tag out system: Implement a control negative to make informed decisions about when it's safe to perform certain tasks.		
			- Avoid working under elevated ads: Never stand of beneath equipment or materials being lift and beneath everhead.		
			- Safe storage properly storage and so are took and equipment when not in use.		
			- Safe trategic for dispositing: Develope afe processes for dismantling equipment that a consider processes.		
			- Adec at signage at up sufficient safety signs to remind all on-site workers of possible date as:		
			- rays, there the manufacturer's instructions while filling the mortar sprayer to avoid the ling.		
			se of automated filling systems can limit the risk of spills and overfills by colling the amount of material being fed into the sprayer.		
			Operators should wear dust-resistant masks and other necessary protective equipment such as safety goggles and gloves for protection against dust inhalation.		
			- Always fill the mortar sprayer in a well-ventilated area to ensure any possible dust is efficiently dispersed.		
			- Use vacuum or wet suppression methods to control dust emissions during filling operations.		
3. Filling Mortar Sprayer	Overfilling, Dust inhalation	3H	- Implement training and awareness programmes for workers highlighting the adverse health effects due to dust inhalation and how to prevent it.	1L	
			- Regular maintenance and inspection of the mortar sprayer should be carried out to ensure its good working condition.		
			- Safe work practices such as keeping an appropriate distance from the machine while filling can help prevent accidents.		
			- Proper signage indicating hazards should be set up around the workstation to alert workers about the potential risks.		
			- Avoid filling the sprayer to maximum capacity; instead allow some space which works as buffer in case of sudden pressure build-up within the sprayer.		
			- Emergency response plans should be in place, including first-aid arrangements and immediate access to medical support if needed.		



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4. Operating the Sprayer	Noise, Ineffective equipment	3H		1L	
5. Repositioning work	Muscular stress, Contact with machinery	2M		1L	



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6. Cleaning & Maintenance	Contact with chemicals, improper disposal	3H		2M	



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7. Dealing with waste	Exposure to hazardous substances, improper waste handling	2M		1L	



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8. Dismantling Mortar Sprayer	Incorrect procedure, bodin,	3H		2M	



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9. Loading & Transporting Equipment	Inadequate loading sliding load, falls from height	2M		1L	



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10. Use of lifting aids	Falling objects, manual handling injuri	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK	NAME OF PERSON
11. Storing Equipment	Improper storage, unauthorized access	2M		1L	



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12. Communication & coordination	Miscommunication, confusion	2M		1L	



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13. Planning and arranging work schedule	Fatigue, poor visibility	ЗН		2M	



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14. Manual Handling	Strains, sprains	2M		1L	



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15. Unexpected situations	Falls, injury due to page 1			2M	









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/legislative

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 201

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

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 all Safety Act

Occupational Health and afety gulations 2017

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

gulat

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.

Worker Name	Pos	sition	Signature	Date	Time	Sup	ervisor
				Date:			
				Datu			
				L te:			
				Date:			
				Date:			
				Date:			
				Date:			
		SAF WC A	STATEMENT	MONITORING AND RE	VIEW		
The SWMS must be review revised if necessary) if relevations consultation with workers (into the SWMS and their health workplace. When the SWMS has been radvised that a revision has been who will need to change a what a way that will enable them to will be involved in the work makes the service of the se	ant control measucluding contractors and sub- h and safety representatives revised the PCBU must ensure made and how they call ork procedure or system as o implement their duties consust be provided with the rel	contract s) who may be affected that work who re esented that work are that all persons involved a access the revised SWMS a result of the review are additionally with the revised S	chould be carried out in ifected by the operation is group at the d with the work are so, including all persons dvised of the changes in twms. All workers that		k of incidents, keeping the hitoring the effectiveness broach which includes but h workers, contractors are a continual basis. Improvement, promptly a corrective action and considerations.	e workplace safe for all of the Safe Work Meth is not limited to: and sub-contractors. recording inconsistenci sultation with all releval	If personnel. The sod Statement should statement should see or deficiencies, not 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.

ITEMS WHICH MUST BE INCLUDED IN THE SWMS	COMPLETED	TO BE DONE	COMMENTS
The company details have been entered, including the project name and address.			
Names and signatures of all relevant personnel consulted during the development of the SWMS.		P A	
Name, signature, position and date signed of the person approving the SWMS.			
Specific personnel and qualifications, experience is noted in the SWMS.	P		
Provides a step-by-step process of tasks required to carry out the activity or task.			
Adequate risk assessment of any identified hazards has been completed.			
Foreseeable hazards are identified and documented for each step.			
Any hazards listed in any site risk assessments have been added to the SWh			
SWMS initial risk (IR) column as well as residual risk (RR) columns completed.			
Check control measures added to the SWMS are the most effections.			
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 RI	EVIEWED	
SIGNATURE	DATE CO	MPLETED	

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