



Tube Bender   S	AFE WORK METHOD STAT	TEMENT (SWMS)	
-	TASK OR ACTIVITY: Tube Bende	r	
Business Name: [Company Name]		ABN: [ABN]	SWMS#
Business Address: [Company Address]			
Contact Person:	Phone: [Phone]	E 11:	
THIS SAFE WORK METHOD	STATEMENT IS APPROVED BY	THE PL OF 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 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 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 stem attely. 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.			

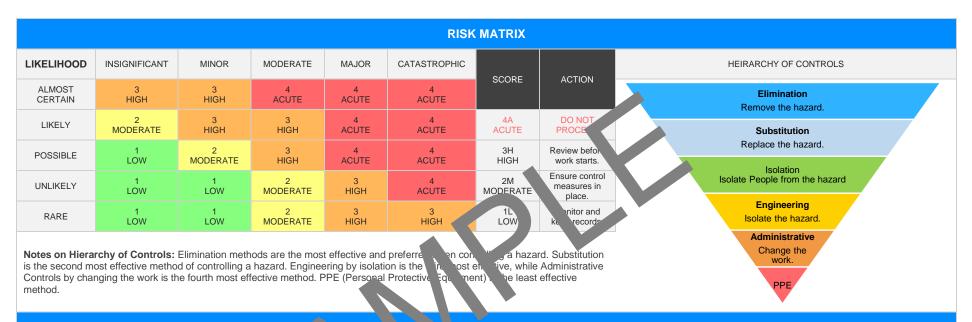
Version 2.5 Authorised by Review # Date of Issue: Review Date: 1





		CL	IENT OR PRINCIPAL	CONTRACTOR D	DETAILS			
Client:						SCOPE OF WORKS		
Project Name:					Provide a detailed description	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 r	meters.		is carried 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 refrigerant lines.				
ANY HIGH-RISK CON  involves a risk of a person falling more than 2 meters.  is carried out on a telecommunication tower.  involves demolition of an element of a structure that is load-be in involves demolition of an element related to the physical integrit of a structure.				is carried out on	or near energised electrical in:	stallations or services.		
Contact Phone:  Project Manager Signature:  Date SWMS supplied to Project Manager:  ANY HIGH-RISK CON OUC NO SPEK BEING CARRIED OUT  involves a risk of a person falling more than 2 meters.  is carried out on or near pressurised gas mains or piping.  is carried out on a telecommunication tower.  is carried out on or near chemical, fuel or refrigerant lines.  is carried out on or near energised electrical installations or services.		sphere.						
☐ 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 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	Improper equipment, Insufficient training, Working in congested area	ЗН	<ul> <li>Ensure all workers have understood the correct operation of a tube bender and associated handling procedures through adequate training.</li> <li>Do not commence work until proper equipment mecks have been carried out. Any faulty or damaged machinery must be reported immediately.</li> <li>Allocate sufficient workspace for usage of the tube beauer, ensuring the area is free from clutter or obstructions.</li> <li>Maintain a clear communication channel among tworkers to variage any unexpected situations that may rise in congested anger.</li> <li>Use correct many characteristic induces at all times to prevent physical injuries such as straine and sprains.</li> <li>Prior to job to amencement, conduct a ringh safety inductions to familiarize staff with the work processor appointful hazards.</li> <li>Alwa so arrapportriate personal protective equipment (PPE), including gloves, safety has to and shell-capped boots.</li> <li>Regulary many tain any pervice the tube bender to ensure it adheres to annufacturing and safety standards.</li> <li>Establish safe access and egress into the workspace to avoid accidents in longestor reas.</li> <li>In tasks in advance, allowing flexibility for workers to manoeuvre safely within the worksite, avoiding rush and stress.</li> <li>Follow a detailed risk assessment and safety management strategy, regularly updating it based on changing conditions and requirements.</li> </ul>	2M	
2. Set up tube bender	Incorrect setup, Poorly maintained equipment, Inadequate safety gear	ЗН	<ul> <li>Prior to set up, all operators should be provided with adequate training on the correct usage and setup of the tube bender. This can help prevent incorrect setup and thus minimise any potential hazards.</li> <li>Regularly inspect the tube bender for any signs of wear and tear or faults. Any poorly maintained equipment should be reported to management and repaired or replaced as necessary.</li> <li>Always ensure that all safety guards are in place and functional before starting the machine. These guards are designed to protect users from injury in case of a machine malfunction.</li> <li>Use appropriate personal protective equipment (PPE) such as gloves, safety glasses, and sturdy footwear when operating the tube bender. This will provide an added layer of protection against potential injuries.</li> <li>Ensure that the machine is properly grounded to prevent electric shocks.</li> <li>Keep the work area well-lit and free from unnecessary clutter. A clean and tidy workspace can reduce the risk of accidents happening.</li> </ul>	1L	



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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
			- Handle the materials carefully while feeding into the bender. Watch your fingers and wear gloves to avoid pinching and other injuries.		
			- Avoid wearing loose clothing, jewellery or anything that could get caught in the machine during operation.		
			- Take regular breaks to avoid fatigue, white an lead to eless mistakes and injuries.		
			- In the event of any irregular sounds or malfunc us, immediately turn off the machine and report the issue a supervisor.		
			- Regular Inspection of Just recognize the lar checks on all bending dies to ensure that they are in good working a dition fore use		
			- Use of Personal Protection Equipment 1992: Workers must wear appropriate PPE such a cloves, feture uses and steel cap boots while handling and operating the tube 1992.		
			- Profe tion Training Provide ongoing training to all staffs on the correct operation and hair lings occdure of the tube bender, including specific instruction on what to to in call of falls or maifunctions.		
			- O pact orage Ensure that when not in use, bending dies are appropriately stored overed and risk-free area to avoid damage and deterioration.		
			ontrol over Sharp Edges: Install shields or guards on sharp edges of the bending		
3. Check bending dies	Faulty die, Sharp ed	II .	Safe Systems of Work: Develop and implement safe work procedures and practices specific to handling tube bender and dies. Have clear and concise instructions posted near the machine.	2M	
			- Maintenance Record: Keep a maintenance log for each set of dies and maintain them regularly to avoid any unexpected faults or issues during operation.		
			- Use of Proper Equipment: Always make sure to use the right sized and type of die for each job to prevent accidents.		
			- Signage and Labels: Prominently display caution signs around the workstation warning employees about potential hazards.		
			- Emergency Procedures: Implement emergency procedures and train employees on how to respond should an accident occur.		
			- Health and Safety Committee: Establish a health and safety committee that regularly reviews safety protocols, ensures equipment is well-maintained, and identifies new hazards or potential control measures.		
Place tube on bender	Incorrect placement, Hand injuries, Slips	3H		1L	
	and trips	5.,			



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5. Perform bending operation	Machine malfunction, Incorrect bend, Eye injury from coolant	4A		2M	



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6. Inspect bend quality	Quality failure, Repetitive strain injury	ЗН		2M	



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7. Repeat bending if necessary	Fatigue, Repetitive train injury, Incorrect second in hd	ЗН		2M	



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8. Unload tube from bender	Hand injuries, Poor lifting technique, Back strain	ЗН		1L	
9. Clean and maintain tube bender	Improper cleaning procedure, Unexpected startup of machine, Exposure to chemicals	4A		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
10. Check stock for next batch	Incorrect inventory, Lifting heavy loads, Slips and trips	3Н		1L	



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11. Document process	Working at height (if needed), repetitive strain injury	2M		1L	



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12. Report any issues	Not reporting hazar and arring issuresolution	ЗН		1L	



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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
13. Shutdown procedures	Improper shutdown, No Spinecting power source			2M	



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
14. Routine inspection and maintenance  Exposure to hazardous substances, Electrical shock, Injury due to moving parts  2M	NAME OF PERSON



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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
15. Emergency procedures	Incorrect procedure, Panic, Injury due to evacuation	4A		2M	
16. Waste Disposal	Improper disposal method, Exposure to hazardous waste, Slip and fall hazards	зн		2M	



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17. Training and supervision	Insufficient training, Lack of supervision, Non-compliance to safety regulations	4A		1L	



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18. Review and improve process	Inadequate review, Non-implementation of improvements, Repeating mistakes	ЗН		2M	



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19. Final evaluation and reporting	Incomplete report, Errors in data	2M		1L	



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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
20. Storage of equipment.	Incorrect storage proced Potential for falling equipment snanding equipment			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







#### **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.gld.gov.au/laws-and-compliance/work-health-and-safety-laws

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> 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>

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/legislations/leg

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

#### **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/s

#### South Australia

Work Health and Safety Act 2012 (SA)

Work Health and Safety Regulations 2012 (SA)

Legislation for SA: <a href="https://www.safework.sa.gov.au/resources/legislation">https://www.safework.sa.gov.au/resources/legislation</a>

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 Infety gulations 2017

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

qulat

des of actice VI attps://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: <a href="https://www.commerce.wa.gov.au/worksafe/legislation">https://www.commerce.wa.gov.au/worksafe/legislation</a> 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>

#### 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 relevant control measure are a control measure are and and the measure are a control measure are and and the measure are a control measure are and and the measure are a control measure are and and the measure are a control measure are and and the measure are a control measure are and and the measure are and an					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.

I hink 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							
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					