

**Wheel Loader Attachments | SAFE WORK METHOD STATEMENT (SWMS)**

**TASK OR ACTIVITY: Wheel Loader Attachments**

|                                     |                |        |
|-------------------------------------|----------------|--------|
| 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 PROJECT MANAGER 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, to conduct a risk assessment of 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 supports 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      |             |                                   | <b>Elimination</b><br>Remove the hazard.                |
| LIKELY         | 2 MODERATE    | 3 HIGH     | 3 HIGH     | 4 ACUTE | 4 ACUTE      | 4A ACUTE    | DO NOT PROCEED                    | <b>Substitution</b><br>Replace the hazard.              |
| POSSIBLE       | 1 LOW         | 2 MODERATE | 3 HIGH     | 4 ACUTE | 4 ACUTE      | 3H HIGH     | Review before work starts.        | <b>Isolation</b><br>Isolate People from the hazard      |
| UNLIKELY       | 1 LOW         | 1 LOW      | 2 MODERATE | 3 HIGH  | 4 ACUTE      | 2M MODERATE | Ensure control measures in place. | <b>Engineering</b><br>Isolate the hazard.               |
| RARE           | 1 LOW         | 1 LOW      | 2 MODERATE | 3 HIGH  | 3 HIGH       | 1L LOW      | Monitor and keep records          | <b>Administrative</b><br>Change the work.<br><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"/> |

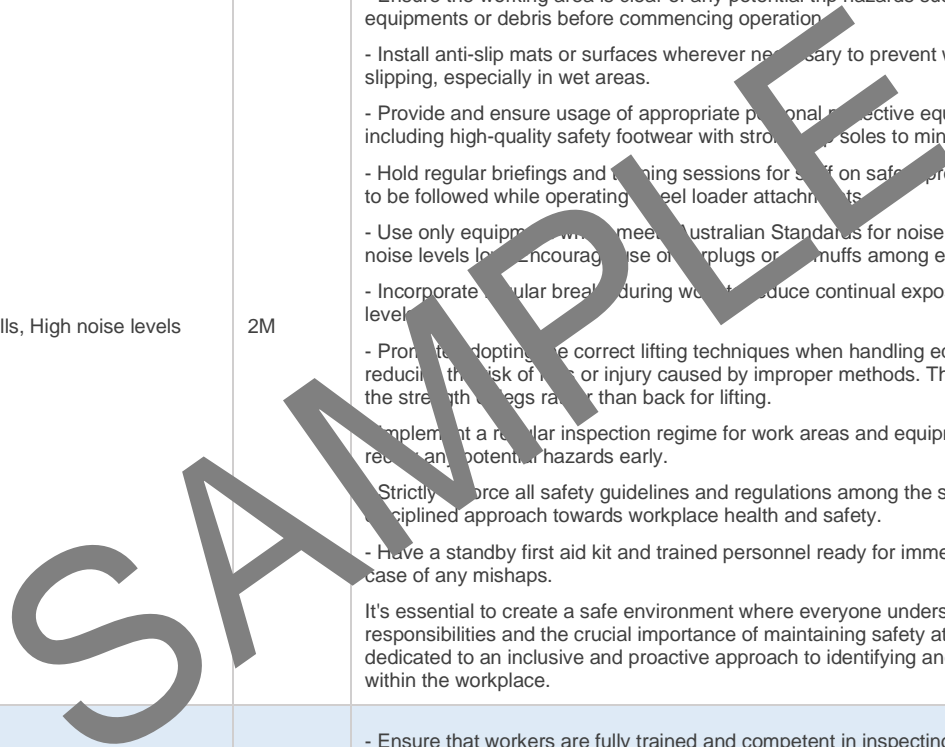
Select the appropriate PPE above suitable for the equipment used or the job task being performed (if applicable).

**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                     | Slip, trips and falls, High noise levels                 | 2M           | <ul style="list-style-type: none"> <li>- Ensure the working area is clear of any potential trip hazards such as loose cables, equipments or debris before commencing operation</li> <li>- Install anti-slip mats or surfaces wherever necessary to prevent workers from slipping, especially in wet areas.</li> <li>- Provide and ensure usage of appropriate personal protective equipment (PPE), including high-quality safety footwear with strong soles to minimise slipping.</li> <li>- Hold regular briefings and training sessions for staff on safety protocols that need to be followed while operating wheel loader attachments</li> <li>- Use only equipment which meets Australian Standards for noise emission to keep noise levels low. Encourage use of earplugs or earmuffs among employees.</li> <li>- Incorporate regular breaks during work to reduce continual exposure to high noise levels</li> <li>- Promote adopting the correct lifting techniques when handling equipment/materials, reducing the risk of back or injury caused by improper methods. This includes using the strength of legs rather than back for lifting.</li> <li>- Implement a regular inspection regime for work areas and equipment to catch and reduce any potential hazards early.</li> <li>- Strictly enforce all safety guidelines and regulations among the staff to maintain a disciplined approach towards workplace health and safety.</li> <li>- Have a standby first aid kit and trained personnel ready for immediate action in case of any mishaps.</li> </ul> <p>It's essential to create a safe environment where everyone understands their roles, responsibilities and the crucial importance of maintaining safety at all times. We are dedicated to an inclusive and proactive approach to identifying and managing risks within the workplace.</p> | 1L            |                    |
| 2. Wheel Loader Pre-use Inspection | Injury from moving parts, Uncontrolled release of energy | 3H           | <ul style="list-style-type: none"> <li>- Ensure that workers are fully trained and competent in inspecting and operating wheel loaders. They need to understand the nature of the hazards involved and the necessary safety requirements.</li> <li>- Operatives should be equipped with appropriate personal protective equipment (PPE) including gloves, hard hats, high visibility vests, and safety goggles where needed.</li> <li>- Complete a thorough visual inspection of the wheel loader prior to initiating operations - check for any visible signs of wear and tear or damage.</li> <li>- Check all moving parts of the wheel loader to ensure they are functioning correctly and safely. This includes lifts, hydraulics, brakes, and steering systems.</li> <li>- Inspect tyres for any signs of damage or excessive wear. Maintain adequate tyre pressure as per manufacturer's guidelines.</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>- Double-check all fluid levels – hydraulic fluid, engine oil, transmission fluid, coolant, and fuel. If any leaks are detected, action must be immediately taken to rectify the situation.</li> <li>- Use lockout/tag-out procedures when servicing equipment to prevent uncontrolled release of energy.</li> <li>- Confirm that all safety devices - horns, rear view mirrors, seat belts, warning lights, back-up alarms, and fire extinguishers are in order and working properly.</li> <li>- Document inspection checks using a pre-use checklist and report any faults immediately for prompt maintenance action.</li> <li>- Ensure seat belts are worn at all times while operating the loader.</li> <li>- Limit access to the area where the loader is operating to trained personnel only to prevent bystander injuries.</li> <li>- Establish a regular cleaning routine to ensure visibility isn't obstructed by dirt or debris.</li> <li>- Adequately light the operating area to avoid dangers related to poor visibility.</li> <li>- Always follow the manufacturer's operational procedures and safety guidelines.</li> </ul>   |               |                    |
| 3. Attachment Selection | Incorrect or faulty attachments, Misuse of attachment | 3H           | <ul style="list-style-type: none"> <li>- Provide training sessions to workers on the correct use of wheel loader attachments for various tasks.</li> <li>- Before using, inspect all attachments for any faults or damage to ensure they are fit for purpose.</li> <li>- Implement a maintenance schedule to regularly check and service the equipment. Faulty parts must be replaced immediately.</li> <li>- Maintain a log of all equipment checks and repairs for tracking purposes.</li> <li>- Ensure that the selection of equipment is appropriate for the task at hand. Using an inappropriate attachment could increase the risk of accidents.</li> <li>- Clearly label all the attachments according to their usage to avoid misuse.</li> <li>- Always make sure the machine operator has a clear view of the attachment during use.</li> <li>- Confirm that the rating of the attachment matches with the capacity of the loader before coupling.</li> <li>- Deploy a safety officer to double-check the attachments and provide advice if needed.</li> <li>- Educate workers about potential risks and how to recognise possible equipment failure signs.</li> <li>- Set up an emergency response plan, in case the control measures fail and accidents occur.</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     |
|                            |                                 |              | <ul style="list-style-type: none"> <li>- Encourage workers to voice any troubles or concerns regarding the equipment, enabling preemptive measures.</li> <li>- Mandate the use of personal protective equipment (PPE) for all workers when around operating machinery, including hard hats, high-visibility jackets, steel-toed shoes, gloves etc.</li> </ul> |               |                    |
| 4. Attachment Installation | Crush injuries, Electric shocks | 3M           | <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>   | 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]   |               |                    |
| 5. Operation Start-up        | Collision with other machinery, Hand injuries | 3H           | [REDACTED]   | 2M            |                    |
| 6. Traveling with Attachment | Toppling over, Dust inhalation                | 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]   |               |                    |
| 7. Work Area Verification | Struck by falling object, Eye damage from flying debris | 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]   |               |                    |
|                      |                          |              | [REDACTED]   |               |                    |
|                      |                          |              | [REDACTED]   |               |                    |
|                      |                          |              | [REDACTED]   |               |                    |
|                      |                          |              | [REDACTED]   |               |                    |
|                      |                          |              | [REDACTED]   |               |                    |
|                      |                          |              | [REDACTED]   |               |                    |
|                      |                          |              | [REDACTED]   |               |                    |
|                      |                          |              | [REDACTED]   |               |                    |
|                      |                          |              | [REDACTED]   |               |                    |
|                      |                          |              | [REDACTED]   |               |                    |
| 8. Safe Work Process | Back strain, Heat stress | 2M           | [REDACTED]   | 1L            |                    |
|                      |                          |              | [REDACTED]   |               |                    |
|                      |                          |              | [REDACTED]   |               |                    |

| 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]   |               |                    |
|                          |                                  |              | [REDACTED]   |               |                    |
|                          |                                  |              | [REDACTED]   |               |                    |
|                          |                                  |              | [REDACTED]   |               |                    |
|                          |                                  |              | [REDACTED]   |               |                    |
| 9. Loading and Unloading | Falling materials, Foot injuries | 3H           | [REDACTED]   | 2M            |                    |
|                          |                                  |              | [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]   |               |                    |
| 10. Work Breaks/Rest Periods | Lack of hydration, Muscle fatigue | 2M           | [REDACTED]   | 1L            |                    |
|                              |                                   |              | [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]   |               |                    |
| 11. Regular Maintenance | Oil spills, Sharp edges          |              | [REDACTED]   | 1L            |                    |
| 12. Fueling the Loader  | Fire hazard, Inhalation of fumes | 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]   |               |                    |
| 13. PPE Verification | Improper use of PPE, Damaged PPE | 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]   |               |                    |
|                      |  |              | [REDACTED]   |               |                    |
|                      |  |              | [REDACTED]   |               |                    |
|                      |  |              | [REDACTED]   |               |                    |
|                      |  |              | [REDACTED]   |               |                    |
|                      |  |              | [REDACTED]   |               |                    |
|                      |  |              | [REDACTED]   |               |                    |
| 14. Hazard Reporting | Incomplete reporting, Poor communication | 2M           | [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]   |               |                    |
| 15. Inclement Weather Operation | Slips on wet surfaces, Visibility issues | 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]   |               |                    |
| 16. End of Shift Procedures | Worker exhaustion, shutdown | 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]   |               |                    |
| 17. Emergency Procedures  | Panic response, Inadequate first aid | 4A           | [REDACTED]   | 2M            |                    |
| 18. Storage and Transport | Unsecured loads, Vehicle collision   | 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]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [REDACTED]   |               |                    |
|                     |                        |              | [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><b>Tasmania</b><br/>                 Work Health and Safety Act 2012<br/>                 Work Health and Safety (Transitional and Consequential Provisions) Act 2012<br/>                 Work Health and Safety Regulations 2012<br/>                 Work Health and Safety (Transitional) Regulations 2012<br/>                 Legislation for TAS: <a href="https://worksafe.tas.gov.au/topics/laws-and-compliance/acts-and-regulations">https://worksafe.tas.gov.au/topics/laws-and-compliance/acts-and-regulations</a><br/>                 Codes of Practice for TAS: <a href="https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice">https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice</a></p> <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>    |          |