# Safe Work Method Statement (SWMS)

Nominated Supervisors should collaborate with/engage their team to ensure they can confidently apply the SWMS that are developed, prior to implementing new work activities, especially those activities and tasks that present Moderate to High (inherent) risk ratings. This completion of a Safe Work Method Statement (SWMS) or safe operating procedures should be informed by a [WHS risk assessment](https://policies.acu.edu.au/__data/assets/word_doc/0009/799857/WHS_Risk_Assessment_Form_200220.docx), operating manuals and/or other relevant resources e.g. Safety Data Sheets (SDS). Delete or add relevant sections to this template as you populate the SWMS and attach a relevant [WHS risk assessments](https://policies.acu.edu.au/__data/assets/word_doc/0009/799857/WHS_Risk_Assessment_Form_200220.docx) to the SWMS.

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| **Safe Work Method Statement (SWMS) for <insert the name of the activity or process>** | |
| Created By: Document No: | |
| Initial Issue Date: / / Current Version: / / Next Review Date: / / | |
| **Scope** | <Insert information about who should apply this procedure and where this activity should be performed.> |
| **Competencies** | <List specific competency requirements for performing this activity e.g. area induction, qualifications, certificates, WHS training and supervision. Also specify who can approve that competency has been achieved.> |
| **Hazards** | <List all the potential hazards and associated consequences, e.g. laser radiation, bites/stings, burns, chronic injury.> |
| **Treatments (Risk Controls)** | <Specify what treatments are applied to manage the hazards and associated WHS risks e.g. fume-hoods, biosafety cabinets, emergency equipment, machine guarding, spill kits, driver safety briefings, specific Personal Protective Equipment (PPE) requirements, first aid responses, and any after-hours work restrictions or rules.> |
| **Prestart Requirements** | <If relevant: list tasks that must be completed prior to commencing this activity e.g. conduct a prestart safety check of equipment; review chemical SDS, risk assessment or lab rules; prepare work area, equipment and/or operator.> |
| **Instructions** | <List step by step procedures for the process or activity. You may use photos, flow charts, diagrams etc.> |
| **Clean Up/Shut Down Procedures** | <If relevant: list procedures for disposal of waste, decontamination, storage or shut down of equipment.> |
| **Maintenance Checks Required** | <If relevant: list any maintenance checks that are required> |
| **Plant and Equipment Required** | <If relevant: list any plant or equipment that is required e.g. fume hood) Checks Required |
| **How to Respond in an Emergency** | <List any relevant emergency procedures that are aligned with ACU’s Critical Incident Management Policy e.g. power isolation procedures, spill containment procedures, first aid response.> |
| **Further Information** | <insert information about any relevant internal procedures, relevant legislation, definitions, reference to other safety info.> |
| **Authorisation** |  |
| **Name:**  **Position Title:** | |
| **Name of Nominated Supervisor:** | |