

## SAFE WORK METHOD STATEMENT (SWMS)

University of Technology, Sydney P.O. Box 123 Broadway NSW 2007 Australia Based on risk assessment no. 2083 adu.au/SWMS.asp?numQORAId=2083

Work Activity Descr	iption:				W	ww.orr.uts.edu.	.au/SwiviS.asp	YNUMQORAIG	1=2083	
Dobot Magician (aka. Brobot	:)									
	T			Risk Level: LO						
Campus: City Broadway Supervisor: Gavin Paul	Building: Building 11 FEIT Room Number: AC_Heat transfer lab Room Number: CB11.10.403									
Assessor: Sanjid, Omar	Faculty: Faculty of Engineering and Information Technology  Date Last Modified : 19th September 2019									
	to work activity or at least annually. Change can be recorded on www.orr.uts.edu.au									
Review No:	1	2	3	4	5	6		7	8	9
Initial:										_
Date: Hazards Relating to this Wo										<u> </u>
Moving and rotating parts Electrical hazards - building s Slip and trip hazards	· ·	ectrical circuits Electrical ha:	zards - exposed	conductors						
CAUTION! Risk of injury due to mishand Fatigue may increase the risi								ture or electi	rically- live equ	iipment.
Control Measure (Safety Eq	uipment, Trainii	ng, Signage and Information	n)							
Protective Clothing Emergen										
EVE PROTECTION FACE SHIELD	CLOSED-IN FOOTWEAR MUST BE WOR	LONG HAIR MUST BE CONTAINED PROTECT	HEAD PROTECTI	MEARIN PROTECT	AG PROTEC	CTIVE RES	pipiratory of the control of the con			
Emergency Equipment requirements requirement	ired for this acti	ivity								
Work Avctivity Steps										
All users must be inducted b users must have there simul Required PPE must worn. En	ation checked by	the supervisor before imple	ementing it on t							
	Print Names:			Signatures				Dates:		
Sanjid Mahmood Hamim Omar Malek			Sto	,	r Malek	19/10/2019 19/10/2019				
Any changes, addition or del	etions made to t	his SWMS will be done in co	nsultation with	workers under	taking the acti	ivity				
Supervisor: Gavin Paul						•				
Signature of supervisor				Date:						<u> </u>