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| **Note:** Work must be done in accordance with this safe work method statement (SWMS). It must be kept & available for inspection until the work to which it relates is completed. All revisions should be kept. If a notifiable incident occurs it must be kept for at least 2 years from the date of the incident | | | | | | | | | | | | | | | | |
| **Person conducting a business or undertaking (PCBU):** | | | | | | | |  | | | | | | | | |
| **Work activity:** | | | |  | | | | | | | | | | | | |
| **Works Manager:** | | | |  | | | | | **Date of work (From /To):** | | | |  | | | |
| **Principal Contractor (PC):** | | | |  | | | | | **Workplace location:** | | | |  | | | |
| **High risk construction work** | | | | | | | | | | | | | | | | |
| Asbestos | | | | | | | |  | Falling two metres or more | | | | | | |  |
| Chemical, fuel or refrigerant lines | | | | | | | |  | Flammable or contaminated atmosphere | | | | | | |  |
| Concrete - Tilt-up and precast | | | | | | | |  | Gas distribution mains & consumer piping | | | | | | |  |
| Confined space | | | | | | | |  | Mobile plant - powered | | | | | | |  |
| Demolition | | | | | | | |  | Road or rail traffic – working near | | | | | | |  |
| Diving | | | | | | | |  | Structural alterations requiring support | | | | | | |  |
| Electrical installations and services | | | | | | | |  | Telecommunications towers | | | | | | |  |
| Excavation greater than 1.5 m or tunnels | | | | | | | |  | Temperature - artificial extremes of | | | | | | |  |
| Explosives | | | | | | | |  | Water or other liquids - risk of drowning | | | | | | |  |
| **Permit Required** | | | | | | | | | | | | | | | | |
| PERCOW |  | Excavation | | |  | Working at Height | |  | Crane OLS Permit | |  | Crane operation | |  | Hot Work |  |
| Confined Space |  | Crack Sealing | | |  | Restricted Items | |  | Stockpiling of Materials | |  | Other: | |  |  | |
| Person responsible for ensuring compliance with SWMS: | | | | | | | |  | | | | | | | | |
| What measures are in place to ensure compliance with the SWMS? | | | | | | | | |  | | | | | | | |
| How will the SWMS control measures be reviewed? | | | | | | | |  | | | | | | | | |
| Review date: | | |  | | | | | Reviewer’s signature: | |  | | | | | | |
| **What are the tasks involved?**  List the work tasks in a logical order. | | | | | | | **What are the hazards and risks?**  Identify the hazards and risks that may cause harm to workers or the public. | | | | **What are the control measures?**  Describe what will be done to control the risk. What will you do to make the activity as safe as possible? | | | | | |
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| **Name of worker(s):** | | **Worker signature:** | **Date:** |
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| Date SWMS received by workers: |  | | |