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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: |  |