

OHS-F-002

SAFE WORK METHOD STATEMENT WORKSHEET

Office Location	I approve the use of this Safe Work Method Statement:			
	Name:		Position:	
	Signature:		Date:	
	Project #:		Division:	
	SWMS Activity Guide(s) used:			

Description of Activity:			Work Site:	
Critical Steps in this Activity	Potential Hazards	Safety Controls		

Training Required to Complete Activity:				List Codes of Practice, Legislation, Standards which apply to this Activity:	
List training required e.g. first aid, traffic control		Training details are located on:			
		L&R Training Matrix			
		Other (specify)			
List Codes of Practice, Legislation, Standards which apply to this Activity:		List Codes of Practice, Legislation, Standards which apply to this Activity:		Engineering Certificates /Permits/Approvals required for this Activity. (e.g. road closure, utility shutdown, WorkCover notification, demolition licence)	
				Type	Reference / Document

Person(s) responsible for supervising / inspecting work:					
Person(s) responsible for supervising the work, inspecting and approving work areas, work methods, protective measures, plant equipment and power tools. NB List of qualifications/experience is held on local files.					
Name:		Position:		Signature:	
Name:		Position:		Signature:	