

## Site Specific SWMS Cover Page



Project Address:	
PCBU/Company Name:	
Site Supervisor:	
Principal Contractor:	
Prepared By:	
Work Activity/Task:	
Date/Time:	

*Additional Hazards identified SPECIFIC to this site*

Job Activity	Identify Hazard	Risk Level	Control Method
		High   Moderate   Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		High   Moderate   Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		High   Moderate   Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Signature:	
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Please submit this form prior to works commencing on site to both the site supervisor and [safety@perryhomes.com.au](mailto:safety@perryhomes.com.au)