|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Note:** Work must be performed in accordance with this safe work method statement (SWMS). This SWMS must be kept and be available for inspection until the high-risk construction work to which this SWMS relates is completed. If the SWMS is revised, every version should be kept. If a notifiable incident occurs in relation to the high-risk construction work in this SWMS, the SWMS must be kept for at least 2 years from the date of the notifiable incident | | | | | | | | | | | | | | | |
| **Person conducting a business or undertaking (PCBU):** | | | | | Click or tap here to enter text. | | | | | | | | | | |
| **Principle Contractor (PC):** | | Click or tap here to enter text. | | | | | | | | | | | | | |
| **Works Manager:** | | Click or tap here to enter text. | | | | | | **Date SWMS provided to PC:** | | | | | Click or tap here to enter text. | | |
| **Work activity:** | | Click or tap here to enter text. | | | | | | **Workplace location:** | | | | | Click or tap here to enter text. | | |
|  | | | | | | | | | | | | | | | |
| **High risk construction work** | | | | | | | | | | | | | | | |
| Risk of a person falling more than 2 metres | | | | | | |  | Demolition of load-bearing structure | | | | | | |  |
| Work on a telecommunication tower | | | | | | |  | Temporary load-bearing support for structural alterations or repairs | | | | | | |  |
| Likely to involve disturbing asbestos | | | | | | |  | Work in or near a shaft or trench deeper than 1.5 m or a tunnel | | | | | | |  |
| Work in or near a confined space | | | | | | |  | Work on or near pressurised gas mains or piping | | | | | | |  |
| Work on or near chemical, fuel or refrigerant lines | | | | | | |  | Work on or near energised electrical installations or services | | | | | | |  |
| Work in an area that may have a contaminated or flammable atmosphere | | | | | | |  | Tilt-up or precast concrete elements | | | | | | |  |
| Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians | | | | | | |  | Work in areas with artificial extremes of temperature | | | | | | |  |
| Work in an area with movement of powered mobile plant | | | | | | |  | Diving work | | | | | | |  |
| Work in or near water or other liquid that involves a risk of drowning | | | | | | |  | Use of explosives | | | | | | |  |
|  | | | | | | | | | | | | | | | |
| Person responsible for ensuring compliance with SWMS: | | | | | Click or tap here to enter text. | | | | | | | Date SWMS received: | | Click or tap to enter a date. | |
| What measures are in place to ensure compliance with the SWMS? | | | | | | Click or tap here to enter text. | | | | | | | | | |
| Person responsible for reviewing SWMS control measures: | | | | | Click or tap here to enter text. | | | | | Date SWMS received by reviewer: | | | | Click or tap to enter a date. | |
| How will the SWMS control measures be reviewed? | | | | | Click or tap here to enter text. | | | | | | | | | | |
| Review date: | Click or tap to enter a 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? | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | |
|  | | | | | | | | | | | | | | | |
| Name of worker(s): | | | | | | | | | Worker signature: | | | | | | |
| Click or tap here to enter text. | | | | | | | | |  | | | | | | |
| Click or tap here to enter text. | | | | | | | | |  | | | | | | |
| Click or tap here to enter text. | | | | | | | | |  | | | | | | |
| Click or tap here to enter text. | | | | | | | | |  | | | | | | |
| Click or tap here to enter text. | | | | | | | | |  | | | | | | |
| Click or tap here to enter text. | | | | | | | | |  | | | | | | |
| Click or tap here to enter text. | | | | | | | | |  | | | | | | |
| Click or tap here to enter text. | | | | | | | | |  | | | | | | |
| Date SWMS received by workers: | | | Click or tap to enter a date. | | | | | | | | | | | | |