









# SAFE WORK METHOD STATEMENT

ABN:76 661 538 021

|                   |  |                  |     |
|-------------------|--|------------------|-----|
| Project Activity: |  | High Risk Works? | YES |
| Project Number:   |  |                  |     |
| Site Address:     |  |                  |     |
| Contact Name:     |  |                  |     |
| Contact Number:   |  |                  |     |
| Email Address:    |  |                  |     |
| Date:             |  |                  |     |

|                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                    |                                                                                     |                                                                                     |                                                                                     |       |  |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------|--|
|  |  |  |  |  |  |  |  | Other |  |
| Safety Gloves                                                                     | Safety Boots                                                                      | Safety Glasses                                                                    | Protective clothing                                                               | Respiratory Protection                                                             | Hi-Vis Clothing                                                                     | Safety Helmet                                                                       | Fall Arrest                                                                         | Other |  |
| <input type="checkbox"/>                                                          | <input checked="" type="checkbox"/>                                               | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                           | <input checked="" type="checkbox"/>                                                 | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                            |       |  |

## Equipment Used on Site Checklist:

|                                |                                     |                         |  |
|--------------------------------|-------------------------------------|-------------------------|--|
| Platform Step (Below 2 Metres) | <input checked="" type="checkbox"/> | Electric Scissor Lift   |  |
| Platform Step (Above 2 Metres) | <input type="checkbox"/>            | Diesel Scissor Lift     |  |
| Scaffold                       | <input type="checkbox"/>            | Knuckle Boom (Electric) |  |
| Pressure Washer (Diesel)       | <input type="checkbox"/>            | Knuckle Boom (Diesel)   |  |
| Roof Anchor Points             | <input type="checkbox"/>            | Airless Spray Gun       |  |
| Extension Ladder               | <input type="checkbox"/>            | Angle Grinder           |  |

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|                                                                                                   | 1. Rare<br>May occur in exceptional circumstances, may happen but highly unexpected | 2. Unlikely<br>Could occur in some circumstances, surprised if happens | 3. Possible<br>Might occur in some circumstances | 4. Likely<br>Will occur in most circumstances, not surprised if it happens | 5. Almost Certain<br>Is expected to occur, almost inevitable |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>E. Severe</b><br>Loss of life and/or permanent disability                                      | High                                                                                | High                                                                   | High                                             | Extreme                                                                    | Extreme                                                      |
| <b>D. Major</b><br>Immediate admission to hospital, or long-term partial disability               | Medium                                                                              | Medium                                                                 | High                                             | High                                                                       | Extreme                                                      |
| <b>C. Moderate</b><br>Treatment by a registered medical practitioner requiring on going treatment | Low                                                                                 | Medium                                                                 | Medium                                           | High                                                                       | High                                                         |
| <b>B. Minor</b><br>First aid treatment with no ongoing follow up                                  | Low                                                                                 | Low                                                                    | Medium                                           | Medium                                                                     | High                                                         |
| <b>A. Insignificant</b><br>Near miss with no treatment required                                   | Low                                                                                 | Low                                                                    | Low                                              | Medium                                                                     | Medium                                                       |

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| Step | Hazards | Risks | Initial Risk | Control Measures | Residual Risk | Control Responsibility |
|------|---------|-------|--------------|------------------|---------------|------------------------|
|      |         |       |              |                  |               |                        |
|      |         |       |              |                  |               |                        |
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All works that take place will be under the instruction of *The Occupational Health and Safety Act 2004* and *Occupation Health and Regulations act 2017*. All products where relevant will have an accessible SDS. A chemical register will accessible on site at all times identifying any chemicals/ solvents used for works including safe storage area.

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| Date | Name | Signature |
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