

<p>NOTE : Work must be performed in accordance with this 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, all versions 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.</p>			
(PCBU Name, ABN, Office Address and Phone)		Principal Contractor (PC)	(Name, ABN, Office Address)
Works Manager:		Date SWMS provided to PC:	
Contact phone:		Workplace location:	
Work activity:	Hazardous materials or chemicals	<input type="checkbox"/> Work on or near energised electrical installations or services	<input type="checkbox"/> Work on or near chemical, fuel or refrigerant lines
High risk construction work involves:	<input type="checkbox"/> Risk of a person falling more than 2 metres	<input type="checkbox"/> Temporary load-bearing support for structural alterations or repairs	<input type="checkbox"/> Work in areas with artificial extremes of temperature
	<input type="checkbox"/> Work in an area with movement of powered mobile plant	<input type="checkbox"/> Use of explosives	<input type="checkbox"/> Work on or near pressurised gas mains or piping
	<input type="checkbox"/> Tilt-up or precast concrete elements	<input type="checkbox"/> Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians	<input type="checkbox"/> Work in or near water or other liquid that involves a risk of drowning
	<input type="checkbox"/> Likely to involve disturbing asbestos	<input type="checkbox"/> Work in or near a confined space	<input type="checkbox"/> Diving work
	<input type="checkbox"/> Work in or near a shaft or trench deeper than 1.5 m or a tunnel	<input type="checkbox"/> Work in an area that may have a contaminated or flammable atmosphere	<input type="checkbox"/> Work on a telecommunication tower
Have workers been consulted about the SWMS? Note: Consultation with Health and Safety Representatives (HSRs) should be undertaken where there is a HSR at a workplace		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Person/s responsible for ensuring compliance with SWMS:		Date SWMS received:	
What measures are in place to ensure compliance			



with the SWMS?		
Person responsible for reviewing SWMS control measures:		Date SWMS received by reviewer:
How will the SWMS control measures be reviewed?		
Review date:		Reviewer's signature:
What are the tasks involved?	What are the hazards and risks?	What are the control measures?
List the work tasks in a logical order.	Identify the hazards and risks that may cause harm to workers or the public.	Describe what will be done to control the risk. What will you do to make the activity as safe as possible?
Applying chemicals or other hazardous substances	Skin irritation, eye irritation and illness from handling and inhalation or ingestion of hazardous substances / chemicals. Manual handling risks from using / applying hazardous substances or chemicals causing back and muscle strain.	The manufacturer's instructions and safety precautions should always be followed when using hazardous materials and chemicals. These are to be found in the material safety data sheet (MSDS) for the product. Provide training in the correct use of the hazardous substances or chemicals. Provide training / awareness in the first aid measures for treating an exposure. Provide training in the safety precautions and PPE to be used when using hazardous substances or chemicals, as per the material safety data sheet (MSDS). Ensure containers are properly labelled. Ensure materials are properly stored. Where necessary conduct health surveillance / monitoring e.g. air quality monitoring / gas monitoring of volatile organic compounds. Use quantities that are easily handled. Train employees in the correct selection and use of any handling equipment Train employees in manual handling techniques appropriate to the chemical or material being used. If at all possible rotate tasks between employees to prevent repetitive strain injuries.

Name of Worker/s		Worker signature/s
Date SWMS received by workers		

PLEASE NOTE: It may be necessary to use more than one page to complete an adequate safe work method statement (SWMS).