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| SWMS Title: |  | SWMS No.: |  |
| **Company Details** |
| Name: |  | ABN: |  |
| Address: |  | Phone: |  |
| Email: |  |
| **Person Responsible for Implementing this SWMS (On-site Supervisor of the Work Group)** |
| Name: |  | Signature: |  | Phone: |  |
| **Scope of Work** |
| Address of Workplace: |  | Date of Issue/Review: |  |
| Scope of Work: |  | PPE |
| [ ]  Safety boots/shoes[ ]  Eyewear (glasses, goggles, shield)[ ]  Hi-visibility clothing/vest[ ]  Long sleeves/trousers[ ]  Protective coveralls | [ ]  Hardhat[ ]  Gloves[ ]  Ear muffs/plugs[ ]  Respirator[ ]  Fall arrest equipment |
| Does this Work Activity actually or potentially include any High Risk Construction Work? | [ ]  Working at heights over 2 metres | [ ]  Telecommunication towers | [ ]  Demolition of load-bearing structures |
| [ ]  Disturbance of asbestos | [ ]  Temporary load-bearing supports | [ ]  Working in or near a confined space |
| [ ]  Excavation over 1.5 metres deep | [ ]  Use of explosives | [ ]  Working on or near pressurised pipes |
| [ ]  Working on or near chemical lines/pipes | [ ]  Moving powered plant | [ ]  Contaminated or flammable atmosphere |
| [ ]  Tilt-up precast concrete elements | [ ]  Working over or near water  | [ ]  Artificial extremes of temperature |
| [ ]  Working on or near energised electrical components  | [ ]  Working on or adjacent to roads, railways or other traffic corridor | [ ]  Diving work |
| Notes: | 1. All work must be performed in accordance with this SWMS.
2. This SWMS must be kept and be available for inspection until the work to which this SWMS relates is completed.
3. If the SWMS is revised, all versions should be kept *(superseded versions should be mark to ensure that it is clear that they are not to be used)*.
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| **Principal Contractor Details** |
| Name: |  | Web: |  |
| Address: |  | Phone: |  |

| **Work Method and Risk Assessment**  |
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| **Task Steps***(List in a logical order)* | **Hazards***(Identify the hazards and risks that may cause harm to workers or the public)* | **Controls***(*Describe what will be done to control and monitor the risks. What will you do to make the activity as safe as possible?) |
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| **Worker Acknowledgement** |
| SWMS Title: |  | SWMS No.: |  |  |
| Work Location: |  | Date: |  |  |
| **I THE UNDERSIGNED ACKNOWLEDGE THAT:*** *This Safe Work Method Statement has been communicated to me and I have had an opportunity, through the consultation process, to contribute to its content.*
* *I understand the contents and have been instructed on how to implement the agreed controls.*
* *I understand that all hazards and unsafe conditions must be reported to my Supervisor as soon as possible.*
* *If this activity becomes unsafe I must stop work and report the occurrence to my Supervisor as soon as possible.*
* *I am competent and my qualifications are current to undertake this activity.*
 |
| Name | Signature | Date | Name | Signature | Date |
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