

## SAFE WORK METHOD STATEMENT (SWMS) – also known as job safety analysis worksheet or scope of works

<b>Company name:</b>  <b>ABN:</b>	<i>This SWMS has been developed and authorised by:</i>			
	<b>Name</b>			
	<b>Position</b>		<b>Date</b>	
	<b>Signature</b>		<b>Phone</b>	
<b>Mobile</b>				

**DESCRIPTION OF WORK ACTIVITY:**

**Trades involved with undertaking this work activity:**

This SWMS is submitted to (principal contractor):

**COMPANY:**

**CONTACT NAME:**

**CONTACT NAME:**

**SITE ADDRESS:**

**PROJECT DESCRIPTION:**

This SWMS was reviewed by (principal contractor):

**NAME:**

**POSITION:**

**SIGNATURE:**

**DATE:**

**PHONE NUMBER:**

**MOBILE NUMBER:**

Person responsible for supervising and implementing, on the contractor's behalf, the OHS controls associated with each step of this work activity.

**NAME:**

**SIGNATURE:**

**DATE:**

**PHONE NUMBER:**

**MOBILE NUMBER:**

List plant, equipment and tools to be used	List hazardous substances to be used or handled	MSDS available? (Tick)	List PPE to be used (Tick)	List hazards to consider (Tick)
eg Electric generator	eg Unleaded petrol		Hard hat	Fall from ladder
			Safety boots	Fall from heights
			High-visy clothing	Fall from scaffold
			Gloves	Contact with electricity
			Hearing protection	Falling objects
			Safety glasses	Collapse
			UV cream	Slip, trips and falls
			Dust masks	Manual handling
			30+ sunscreen	Exposure to noise
			Other (specify):	Struck by moving plant
				Inhalation of dust or fumes
				Cuts
				Other (specify):

RISK TABLE		How likely is it to be serious? NOTE: If a hazard is rated 1, 2 or 3, take action immediately.			
	What damage could it cause?	Very likely (could happen anytime)	Likely (could happen sometimes)	Unlikely (could happen, but only rarely)	Very unlikely (could happen, but probably never will)
	Death or permanent disability	1	1	2	3
	Long term illness or serious injury	1	2	3	4
	Medical attention and several days off work	2	3	4	5
	First aid needed	3	4	5	6

**How to complete the following form**

- List the step-by-step sequence of tasks required to carry out a work activity from start to finish.
- List the potential hazards associated with each step, and the related OHS risks.
- Using the risk table, rate the identified risks.
- List what controls you will implement to reduce the risks to the lowest possible level.
- Rate the level of risk once those controls have been implemented (must be 4-6 before you can start work).
- List the names or positions of the persons responsible for ensuring that the controls are implemented.

A separate SWMS is required for each work activity.

STEP	<b>Activity step</b> <i>Break the activity down into steps. List the steps in this column.</i>	<b>Hazards Identification</b> <i>Identify any potential hazards associated with each step – and any related risks. Detail the hazards and risks in this column, and enter the risk rating in the next column.</i>	<b>Initial risk rating</b> <b>(1-6)</b>	<b>Controls Implemented</b> <i>Decide what controls to use to eliminate or minimise the risks. Detail the controls in this column, and enter the revised risk rating in the next column. Note: If the risk rating is still 1-3, do not begin work.</i>	<b>Revised risk rating</b> <b>(1-6)</b>	<b>Person responsible</b>
1						
2						
3						
4						

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5						
6						
7						
8						

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9						
10						
11						
12						

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13						
14						
15						
16						

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17						
18						
19						
20						

**ITEMS REQUIRED FOR THIS WORK ACTIVITY**

**QUALIFICATIONS**

**TRAINING**

**CODES OF PRACTICE OR AS/NZS  
STANDARDS TO BE COMPLIED WITH**



