

WHS UNIT

CONTRACTOR SAFE WORK METHOD STATEMENT

Activity: _____ Contractor: _____

Prepared by: _____ Signature _____ Date _____

Principal contractor representative: _____ Signature _____ Date _____

Legislation, codes or standards that apply to the work

Training or qualifications required to do the work

Key steps	Equipment or plant required	Possible hazards	Risk score	Safety controls including personal protective equipment (PPE)	Licences, qualifications or work permits

