

Safe Work Method Statement



Location:
 Prepared by:
 Date: / /

Approved by
 Name: _____
 Signed off: _____ Date: _____

Description of Activity:

Task:

Period of Work at this site:
 from __/__/__ to __/__/__

Work Site/ Project Depot:

Procedure (in steps):

Possible Hazards:

Risk Score

Safety Controls:

Procedure (in steps):	Possible Hazards:	Risk Score	Safety Controls:
			▪
			▪
			▪
			▪
			▪
			▪
			▪
			▪

Document Title: Safe Work Method Statement - Template

Training Required to Complete Activity:		Codes of Practice, Legislation, Standards which apply to this Activity:		
	Training Details are located on: Project file: <input type="checkbox"/> tick box L&D Training Data Base <input type="checkbox"/> tick box Other (specify) <input type="checkbox"/> tick box (L&D Database includes Trainers' qualifications)			
List Plant/Equipment/Personal Protective Equipment required for this activity		List Equipment Maintenance Checks required for this Activity:	Engineering Certificates/Permits/Approvals required for this Activity (Eg. Road closures, utilities shutdown, Work Cover notification, demolition licence).	
•	•	<input type="checkbox"/> Plant Safety Checklist (visual & recorded) <input type="checkbox"/> Check First Aid Kit (visual) <input type="checkbox"/> Check all tools and PPE for serviceability (visual) <input type="checkbox"/> Fire Extinguisher/s checked (visual inspection of tags)	Type	Reference/ Document
Person(s) Responsible for Supervising/Inspecting Work:				
Person(s) Responsible for Supervising the work, inspecting and approving work areas, work methods, protective measures, plant equipment and power tools				
NB List of Qualifications/experience is held on local files				
Name: _____		Position: _____		Signature: _____
Name: _____		Position: _____		Signature: _____
All workers listed below have read and understood this Safe Work Method Statement and have agreed to abide by the controls listed within it				
Print Name	Position & Qualifications (relavant to the task)	Signatures		