

Safe Work Method Statement (SWMS)

ORGANISATION DETAILS					
Principal Contractor:		Contact number:			
Project Manager or Supervisor:		Contact number:			
Other PCBUs:		Contact number:			
Person completing the SWMS:		Contact number:			
Position:		Reviewed by:			
Date prepared:		Review date:			
PROJECT DETAILS					
What is the scope of the work?					
Who else was consulted/involved in preparing this SWMS?					
What high-risk work activities are covered by this SWMS?					
References: Legislation, Australian Standards, Codes of Practice, MSDS and SOPs					
Plant and equipment involved in the scope of work					
What 'high-risk' licence class(es) will be required to do the work?					

Identify each task in order	Specify the hazards you have identified	What are the risks to health and safety?	Describe your control measures – list as many as possible.	Who is responsible for implementing and monitoring the controls?

This SWMS has been developed in consultation with, and has been read, understood and signed by, all workers undertaking the scope of works:				
Print Name:	Signature:	Date:		