OF0030 – Safe Work Method Statement (SWMS) Template

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|  | Amendment Record  | **Issue #: 1** |
| **Issue Date: 10/09/2018** |

| **Rev. #** | **Date** | **Details** | **Description of Changes** | **Prepared By** | **Approved by** |
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| Section # | Para. # |
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| **Safe Work Method Statement (SWMS) Part 1** |
| Activity:  | SWMS #:  |
| Business Name: | ABN:  |
| Business Address: |
| Business Contact: | Phone #:  |
| **SWMS Approved by: *Employer / PCBU / Director / OWNER.*** |
| Name: |
| Signature: | Date: |
| **Person/s responsible for ensuring compliance with SWMS:** |
| **Person/s responsible For reviewing the SWMS:** |
| **Relevant workers consulted in the development, approval and communication of this SWMS.** | **All Persons involved in the task must have this SWMS** **communicated to them before work commences.** |
| Name | Signature | Date | Daily Tool Box Talks will be undertaken to identify, control and communicate additional site hazards. |
|  |  |  | Work must cease immediately if incident or near miss occurs. SWMS must be amended in consultation with relevant persons. |
|  |  |  | Amendments must be approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and communicated to all affected workers before work resumes. |
|  |  |  | SWMS must be made available for inspection or review as required by HSE legislation. |
|  |  |  | Record of SWMS must be kept as required by HSE legislation (until job is complete or for 2 years if involved in a notifiable incident). |
| **Principal Contractor Details** *(The builder or the organisation you are working for.)* |
| Principal Contractor (PC): | Project Name: | Date SWMS provided to PC: |
| Project Address: |
| Project Manager (PM): | PM Signature: | CONTACT PH. #: |
| **SWMS Scope:** This SWMS covers general hazards associated with …  |

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| **This work activity involves the following “High Risk Construction Work”** |
| **☐** Confined Spaces | **☐** Mobile Plant | **☐** Demolition | **☐** Asbestos |
| **☐** Using explosives | **☐** Diving work | **☐** Artificial extremes of temperature | **☐** Tilt up or pre-cast concrete |
| **☐** Pressurised gas distribution mains or piping chemical, fuel or refrigerant lines energised electrical installations or services  |
| **☐** Structures or buildings involving structural alterations or repairs that require temporary support to prevent collapse |
| **☐** Involves a risk of a person falling more than 2m, including work on telecommunications towers |
| **☐** Working at depths greater than 1.5 Metres, including tunnels or mines | **☐** Work in an area that may have a contaminated or flammable atmosphere |
| **☐** Work carried out adjacent to a road, railway or shipping lane, traffic corridor | **☐** In or near water or other liquid that involves risk of drowning |
|  |
| **Likelihood** | **Insignificant** | **Minor** | **Moderate** | **Major** | **Catastrophic** | **Score** | **Action** | **HIERARCHY OF CONTROLS** | **Most Effective** |
| **Almost certain** | **3** **High** | **3** **High** | **4** **Acute** | **4 Acute** | **4** **Acute** |  |  |
| **Likely** | **2** **Moderate** | **3** **High** | **3** **High** | **4 Acute** | **4** **Acute** | **4A** **Acute** | **DO NOT PROCEED.** |
| **Possible** | **1** **Low** | **2 Moderate** | **3** **High** | **4 Acute** | **4** **Acute** | **3H** **High** | Review before commencing work. |
| **Unlikely** | **1** **Low** | **1** **Low** | **2 Moderate** | **3** **High** | **4** **Acute** | **2M Moderate** | Maintain control measures. |
| **Rare** | **1** **Low** | **1** **Low** | **2 Moderate** | **3** **High** | **3** **High** | **1L** **Low** | Record and monitor. | **Least Effective** |
| **Personal Protective Equipment (PPE):** *Ensure all PPE meets relevant Australian Standards. Inspect, and replace PPE as needed.* |
| **Foot Protection** | **Hearing Protection** | **High****Visibility** | **Head Protection** | **Eye** **Protection** | **Face Protection** | **Hand Protection** | **Protective Clothing** | **Breathing Protection** | **Sun Protection** | **fall Arrest** | Rings, watches, jewellery that may become entangled in machines must not be worn. Long and loose hair must be tied back. |
| Description: Footwear | Description: Hearing Protection | Description: High Visibility Clothing copy 3 | Description: Head Protection | Description: Eye Protection | Description: Face Protection | Description: Hand Protection | Description: Clothing | Description: Breathing | Icon  Description automatically generated | A picture containing text, clipart  Description automatically generated |
| **☐** | **☐** | **☐** | **☐** | **☐** | **☐** | **☐** | **☐** | **☐** | **☐** | **☐** | **☐** |
| AS 1319-1994 Safety signs for the occupational environment reproduced with permission from SAI Global under licence 1210-c062. Standards may be purchased at <http://www.saiglobal.com> |

| **Job Step** | **Potential Hazard/s** | **IR** | **Control Measures to Reduce Risk** | **RR** | **Responsible Person** |
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| ***Inherent*** *Risk-rating* ***(IR)*** *Residual Risk-rating* ***(RR)*** |
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| **Emergency Response - Call *000* immediately.** |
| If work is to be conducted on a construction site (or a site controlled by another Employer / PCBU) follow the site-specific Emergency Management Plan. Ensure:Adequate numbers of first aid trained staff are on site First aiders are trained & competent in managing injuries until emergency services arriveAll rescue equipment is in good condition, available for use and in close proximity to the work site. | Ensure workers have access to:First aid kit/supplies First Aid trained personnel familiar with resuscitation and emergency response for electric shockM/SDSCommunication devices (check mobile phones will have service in area)Suitable fire protection equipment. |

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| **Review No.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Name:** |  |  |  |  |  |  |  |  |  |  |
| **Initial:** |  |  |  |  |  |  |  |  |  |  |
| **Date:** |  |  |  |  |  |  |  |  |  |  |

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| **Plant/Tools/Equipment List for the job** *(include Type, Make Model, SWL/Capacity)* |
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| **Relevant Legislation & Codes of Practice**  |
| *Add Relevant State Act & Regulations* | *Add Relevant Codes of Practice* |

| **Safe Work Method Statement (SWMS) Part 2** |
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| This SWMS has been developed in consultation and cooperation with *employee/workers* and relevant *Employer/Persons Conducting Business or Undertaking (PCBU).* I have read the above SWMS and I understand its contents. I confirm that I have the skills and training, including relevant certification to conduct the task as described. I agree to comply with safety requirements within this SWMS including risk control measures, safe work instructions and PPE described. |
| **Overall Risk Rating after Controls** | **1 Low** | **2 Moderate** | **3 High** | **4 Acute** |

| **Workers’ Name** | **Job Role / Position** | **Licences, competencies & qualifications** *(add as applicable)* | **Date** | **Signature** |
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| **Type / Description** | **Class** | **Number** |
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