

Your business name

Logo, ABN, address, phone and email

Safe Work Method Statement (SWMS)

Blank form for your business to fill in

SWMS NO.	REVISION	DATE PREPARED	PREPARED BY (NAME AND POSITION)	DATE GIVEN TO PRINCIPAL CONTRACTOR
PRINCIPAL CONTRACTOR (NAME AND CONTACT)			JOB / PROJECT NO.	WORK SUPERVISOR (NAME AND PHONE)
SITE ADDRESS			WORK ACTIVITY	

High-risk construction work involved: tick every one that applies

- | | | |
|--|---|---|
| ☐ 1. Risk of a person falling more than 2 m | ☐ 2. On a telecommunication tower | ☐ 3. Demolition (see note) |
| ☐ 4. Disturbing, or likely to disturb, asbestos | ☐ 5. Structural alterations or repairs needing temporary support to prevent collapse | ☐ 6. In or near a confined space |
| ☐ 7. In or near a shaft or trench deeper than 1.5 m | ☐ 8. In or near a tunnel | ☐ 9. Use of explosives |
| ☐ 10. On or near pressurised gas distribution mains or piping | ☐ 11. On or near chemical, fuel or refrigerant lines | ☐ 12. On or near energised electrical installations or services |
| ☐ 13. In an area that may have a contaminated or flammable atmosphere | ☐ 14. Tilt-up or precast concrete | ☐ 15. On or next to a road, railway or other traffic corridor in use |
| ☐ 16. In an area where powered mobile plant is moving | ☐ 17. In an area with artificial extremes of temperature | ☐ 18. In or near water or other liquid with a risk of drowning |
| ☐ 19. Diving work | | |

Note: From the model WHS Regulations r 291 and Victoria's OHS Regulations 2017 r 322. The model list covers demolition of a load-bearing or structural element and puts tunnels with shafts and trenches; Victoria lists any demolition, and tunnels on their own.

Making sure the work follows this SWMS

PERSON RESPONSIBLE FOR MAKING SURE THE WORK FOLLOWS THIS SWMS	HOW YOU'LL CHECK THE WORK FOLLOWS IT
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Task steps

#	TASK STEP	HRCW ITEM	HAZARDS	CONTROL MEASURES, AND HOW THEY'RE PUT IN PLACE	PERSON RESPONSIBLE
1					
2					
3					
4					
5					
6					
7					
8					

PPE, plant and licences

PPE REQUIRED	PLANT AND EQUIPMENT	LICENCES, TICKETS AND COMPETENCIES REQUIRED

Emergency arrangements

EMERGENCY CONTACTS	NEAREST HOSPITAL OR MEDICAL CENTRE	FIRST AID KIT AND FIRST AIDER
ASSEMBLY POINT	RESCUE ARRANGEMENTS	

Monitoring and review

HOW THE CONTROLS ARE MONITORED WHILE THE WORK IS DONE	WHEN THIS SWMS IS REVIEWED

REVIEW DATE	WHAT CHANGED	REVIEWED BY	SIGNATURE

Worker sign-on: everyone doing the work signs before they start

NAME	COMPANY	SIGNATURE	DATE	READ AND UNDERSTOOD
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