

SAFE WORK METHOD STATEMENT TEMPLATE

Note: Work must be performed in accordance with this safe work method statement (SWMS). This SWMS must be kept and be available for inspection until the high risk construction work to which this SWMS relates is completed. If the SWMS is revised, every version should be kept. If a notifiable incident occurs in relation to the high risk construction work in this SWMS, the SWMS must be kept for at least 2 years from the date of the notifiable incident.

Person conducting a business or undertaking (PCBU):	[PCBU Name, contact details]	Principal Contractor (PC)	[Name, contact details]
Works Manager:	[Name, contact phone]	Date SWMS provided to PC:	Click here to enter a date.
Work activity:	[Job description]	Workplace location:	Click here to enter text.

High risk construction work:

- ☐ Risk of a person falling more than 2 metres (note: in some jurisdictions this is 3 metres)
- ☐ Work on a telecommunication tower
- ☐ Likely to involve disturbing asbestos
- ☐ Work in or near a confined space
- ☐ Use of explosives
- ☐ Work on or near chemical, fuel or refrigerant lines
- ☐ Work in an area that may have a contaminated or flammable atmosphere
- ☐ Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians
- ☐ Work in an area with movement of powered mobile plant
- ☐ Work in or near water or other liquid that involves a risk of drowning
- ☐ Work that involves the cutting of crystalline silica material using a power tool or another mechanical process.
- ☐ Demolition of load-bearing structure
- ☐ Temporary load-bearing support for structural alterations or repairs
- ☐ Work in or near a shaft or trench deeper than 1.5 m or a tunnel
- ☐ Work on or near pressurised gas mains or piping
- ☐ Work on or near energised electrical installations or services
- ☐ Tilt-up or precast concrete elements
- ☐ Work in areas with artificial extremes of temperature
- ☐ Diving work

Person responsible for ensuring compliance with SWMS:	Click here to enter text.	Date SWMS received:	Click here to enter a date.
What measures are in place to ensure compliance with the SWMS?	Click here to enter text.		
Person responsible for reviewing SWMS control measures:	Click here to enter text.	Date SWMS received by reviewer:	Click here to enter a date.
How will the SWMS control measures be reviewed?	Click here to enter text.		
Review date:	Click here to enter a date.	Reviewer's signature:	

What are the tasks involved?	What are the hazards and risks?	What are the control measures?
List the work tasks in a logical order	Identify the hazards and risks that may cause harm to workers or the public	Describe what will be done to control the risk. What will you do to make the activity as safe as possible?
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Name of worker(s)	Worker signature(s)
Click here to enter text.	
Click here to enter text.	
Date SWMS received by workers	Click here to enter a date.