

Safe Work Method Statement

Team Leader:		Date SWMS developed:	
Contact phone:			
Work activity:		Workplace location:	
High risk construction work:	<input type="checkbox"/> Risk of a person falling more than 2 metres	<input type="checkbox"/> Likely to involve disturbing asbestos (Akuna Bay / The Spit – see register on site)	<input type="checkbox"/> Demolition of load-bearing structure
	<input type="checkbox"/> Work near water that involves a risk of drowning	<input type="checkbox"/> Temporary load-bearing support for structural alterations or repairs	<input type="checkbox"/> Work in or near a confined space
	<input type="checkbox"/> Work near fuel lines	<input type="checkbox"/> Work in an area that may have a flammable atmosphere	<input type="checkbox"/> Work near energised electrical installations
	<input type="checkbox"/> Work in an area with movement of powered mobile plant	<input type="checkbox"/> Work on, in or adjacent to a road, shipping lane or other traffic corridor in use by traffic other than pedestrians	<input type="checkbox"/> Diving work
Person responsible for ensuring compliance with SWMS:		Date SWMS received:	
What measures are in place to ensure compliance with the SWMS?			
Person responsible for reviewing SWMS control measures:		Date SWMS received by reviewer:	
How will the SWMS control measures be reviewed?			
Review 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?
Name of Worker(s)	Worker signature(s)	
Date SWMS received by workers:		