

Safe Work Method Statement (required for all High Risk work)

Team Leader: Contact phone:				Date SWMS develo	ped:			
Work activity:				Workplace location	ו:			
High risk construction work:	Risk of a person falling more	Likely to involve disturbing asbestos (Akuna Bay / The Spit – see register on site)			una Bay / The	Demolition of load-bearing structure		
	☐ Work near water that involves a risk of drowning		Temporary load-bearing support for structural alterations or repairs			ctural	Work in or near a confined space	
	U Work near fuel lines		Work in an area that may have a flammable atmosphere			ble	Work near energised electrical installations	
	☐ Work in an area with movement of powered mobile plant		Work on, in or adjacent to a road, shipping la other traffic corridor in use by traffic other than pedestrians		ng lane or an	Diving work		
Person responsible for ensuring compliance with SWMS:				Date SWMS received:		d:		
What measures are in place to ensure compliance with the SWMS?								
Person responsible for reviewing SWMS control measures:					Date SWMS received by reviewer:		d by	
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?				
Electrical isolation	Electric shock from the 'work', or from a person	Notify Marina Manager of works – start & finish times – areas isolated				
	conducting rescue	Lock out with own padlocks at Main Switchboard (MSB)				
		Test circuits to confirm 'dead'				
Name of Worker(s)		Worker signature(s)				
Date SWMS received by workers:						

