

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):			
Principle Contractor (PC):			
Works Manager:		Date SWMS provided to PC:	
Work activity:		Workplace location:	

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

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? List the work tasks in a logical order.	What are the hazards and risks? Identify the hazards and risks that may cause harm to workers or the public.	What are the control measures? 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:
Date SWMS received by workers:	