

Safe Work Method Statement (SWMS)

This SWMS template is provided as a guide for contractors to use when developing a SWMS for the activities undertaken by the business.

1. Organisation details

| | | | |
|------------------|----------------------------|--------------|----------------------|
| Company name | <input type="text"/> | ABN | <input type="text"/> |
| Business address | <input type="text"/> | Contact name | <input type="text"/> |
| | <input type="text"/> | Phone | <input type="text"/> |
| | State <input type="text"/> | Postcode | <input type="text"/> |
| | | Email | <input type="text"/> |

2. Activity details

| | | | | | |
|---------------------------------|----------------------------|--|------------------------------|----------------|-------------------------------|
| Activity/task described by SWMS | <input type="text"/> | Is the task High Risk Construction Work? | Yes <input type="checkbox"/> | Please specify | <input type="text"/> |
| | | | No <input type="checkbox"/> | | |
| Site address | <input type="text"/> | MITM description | <input type="text"/> | | |
| | <input type="text"/> | MITM number | <input type="text"/> | SWMS date | <input type="text"/> |
| | State <input type="text"/> | | | Version | <input type="text"/> |
| | | | | | Postcode <input type="text"/> |

3. SWMS preparation

| | | | |
|---|----------------------|----------------------|----------------------|
| Name of person who prepared SWMS | <input type="text"/> | Date prepared | <input type="text"/> |
| Names of workers who have had input into the development of this SWMS | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of person responsible for implementation, review and monitoring of this SWMS | <input type="text"/> | | |

4. Minimum Personal Protective Equipment requirements

| PPE | Yes | No | PPE | Yes | No | PPE | Yes | No | PPE | Yes | No |
|------------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|
| Long sleeve/Long pants | <input type="checkbox"/> | <input type="checkbox"/> | Protective gloves | <input type="checkbox"/> | <input type="checkbox"/> | Hard hat | <input type="checkbox"/> | <input type="checkbox"/> | Half face respirator | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety boots | <input type="checkbox"/> | <input type="checkbox"/> | Face shield | <input type="checkbox"/> | <input type="checkbox"/> | Hearing protection | <input type="checkbox"/> | <input type="checkbox"/> | Full face respirator | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety glasses | <input type="checkbox"/> | <input type="checkbox"/> | High-vis vest | <input type="checkbox"/> | <input type="checkbox"/> | Disposable dust mask | <input type="checkbox"/> | <input type="checkbox"/> | SCBA | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | Tyvek suit | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | Gattors | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | Other | <input type="checkbox"/> | <input type="checkbox"/> |

5. Hazardous substances and/or dangerous goods required for activity - Attach copies of Material Safety Data Sheets (MSDS)

| Product name | MSDS attached | Quantity (Kg/L) | Product name | MSDS attached | Quantity (Kg/L) |
|--------------|--|-----------------|--------------|--|-----------------|
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

6. Plant and equipment utilised (tick or add as applicable) – Attach evidence to this SWMS

| Item (including all mechanical and electrical items) | List inspections and maintenance requirements and attach evidence to this SWMS Note: All servicing MUST be in accordance with manufacturers recommendations. | Is a licence/ticket required to operate? |
|--|---|--|
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

7. Qualifications and licences

| Qualifications/Competency | Name | Personnel 1 | Personnel 2 | Personnel 3 | Personnel 4 | Personnel 5 |
|---|------|--|--|--|--|--|
| Site specific induction | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Construction industry induction (e.g. white card) | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Driver's licence | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other (e.g. high risk work licence) | | | | | | |

8. Emergency planning (tick or add as applicable) – Attach a copy of your emergency plan

| Emergency type | Emergency equipment available (detail equipment onsite) | | | | |
|--|---|--|--|--|--|
| Fire/Explosion <input type="checkbox"/> | Fire extinguisher <input type="checkbox"/> | | | | |
| Location of equipment | | | | | |
| Injury <input type="checkbox"/> | First Aid kit <input type="checkbox"/> | First Aid Officer <input type="checkbox"/> | | | |
| Location of equipment | | Contact number | | | |
| Work at height <input type="checkbox"/> | Rescue plan <input type="checkbox"/> | | | | |
| Location of equipment | | | | | |
| Other <input type="checkbox"/> | | | | | |
| | | | | | |

9. National Legislation, Regulation, Codes of Practice and Australian Standards

| | |
|--|--------------------------------------|
| Applicable legislation and regulations | National Codes of Practices/Guidance |
| | |
| | |
| | |
| | |

10. Risk Assessment Matrix

| | |
|--|---|
| <p>Likelihood</p> <p>(5) Almost Certain – The event is expected to occur</p> <p>(4) Likely – The event will probably occur in most years and has occurred once in the last year</p> <p>(3) Possible – The event might occur at some time and may have occurred in the last two years</p> <p>(2) Unlikely – The event could occur at some time and may have occurred in the last five years</p> <p>(1) Rare – The event may occur but only in exceptional circumstances and may have occurred in the last ten years</p> | <p>Consequence</p> <p>(5) Catastrophic – A Fatality</p> <p>(4) Major – Long term or extensive injury or illness and/or significant and long term psychological injury sustained by one or more workers or officers</p> <p>(3) Moderate – Medical attention required and/or psychological intervention/treatment required for one or more workers or officers</p> <p>(2) Minor – First aid required and/or one off counselling for one or more workers or officers</p> <p>(1) Negligible – No medical attention required</p> |
|--|---|

| | Consequence | | | | |
|---------------------------|----------------|---------------|---------------|---------------|------------------|
| Likelihood | Negligible (1) | Minor (2) | Moderate (3) | Major (4) | Catastrophic (5) |
| Almost certain (5) | Moderate (5) | Moderate (10) | High (15) | Extreme (20) | Extreme (25) |
| Likely (4) | Low (4) | Moderate (8) | Moderate (12) | High (16) | Extreme (20) |
| Possible (3) | Low (3) | Moderate (6) | Moderate (9) | Moderate (12) | High (15) |
| Unlikely (2) | Low (2) | Low (4) | Moderate (6) | Moderate (8) | High (10) |
| Rare (1) | Low (1) | Low (2) | Low (3) | Low (4) | Moderate (5) |

11. Risk assessment

| Step | Relevant | | Task step List each individual step required to complete the activity | Potential hazard(s) Against each step, list the potential hazards that could cause injury or illness | Risk assessment (use the risk assessment matrix at Section 10) L M H E | Risk control measures For each hazard, identify the control measure to eliminate or control the risk as far as reasonably practicable. |
|------|--------------------------|--------------------------|--|---|--|---|
| | Yes | No | | | | |
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | | | L M H E | |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | | | L M H E | |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | | | L M H E | |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | | | L M H E | |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | | | L M H E | |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | | | L M H E | |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | | | L M H E | |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | | | L M H E | |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | | | L M H E | |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | | | L M H E | |

12. SWMS training induction register

| | | | | | |
|----------------|----------------------|-----------|----------------------|------|----------------------|
| Name of worker | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> |
| Name of worker | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> |
| Name of worker | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> |
| Name of worker | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> |