SAFE WORK METHOD STATEMENT

Company Name: _____

SWMS Development Team	Trades Involved With Undertaking This Work Activity
_____	_____
_____	_____

High-Risk Work Activity:	This SWMS is submitted to Perkins Builders for:
_____	**PROJECT NAME:** _____
_____	**PROJECT No:** _____

Perkins Builders Site Manager:

_____	_____	_____
Name	*Signature*	*Date*

Person responsible for supervising and implementing, the WHS controls associated with each step of this work activity.

_____	_____	_____
Name	*Signature*	*Date*

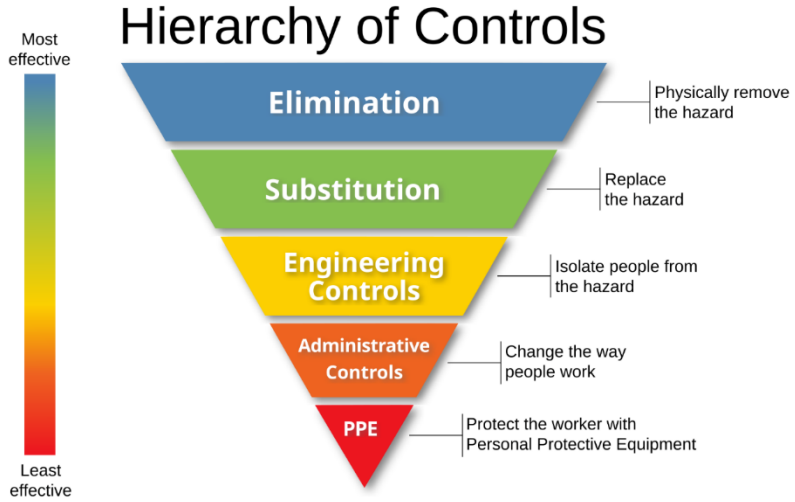
Person/s responsible for reviewing SWMS control measures.

_____	_____	_____
Name	*Signature*	*Review Date/s*

SAFE WORK METHOD STATEMENT

TYPE OF WORK TO BE UNDERTAKEN AND REQUIREMENTS				
TYPE OF WORK		**PPE REQUIRMENTS**		
Please Select ☒		Please Select ☒		
☐ Asbestos	☐ Isolation Practices	☐ Barricading / Signs	☐ Fire Blankets	☐ Safety Data Sheets
☐ Confined Space	☐ Mobile Plants	☐ Coveralls	☐ Gloves	☐ Safety Harness
☐ Crane/Rigging/Dogging	☐ Scaffolding	☐ Dust Masks	☐ Hearing Protection	☐ Spark Containment
☐ Demolition	☐ Temporary Propping	☐ Electrical Safety	☐ Height Safety	☐ Specific Training Induction
☐ Electrical	☐ Tilt Panel / Precast concrete	☐ Emergency Response	☐ Monogoggles / Safety Glasses	☐ Sun / UV Protection
☐ Excavation below 1.5m	☐ Working at Height	☐ Extinguishers	☐ Plant & Equipment Conditions	
☐ Hot Work	☐ Works in/around water catchments	☐ Face Shield	☐ Respirator	
Mobile Plant to be used:				

When determining control measures the following hierarchy of controls is to be considered.



SAFE WORK METHOD STATEMENT

NO.	**JOB STEP** Break the job into steps or describe what work process are done	**HAZARDS IDENTIFIED** What can harm you or others e.g struck or hit by moving plant	**JOB STEP CONTROL** Determine the controls to reduce risk to as low as responsibly practicable	**RESPONSIBLITY** Person & Position Title to ensure controls are actioned
1.				
2.				
3.				
4.				
5.				
6.				
7.				

8.				
9.				
10.				
11.				
12.				
13.				
14.				

SAFE WORK METHOD STATEMENT

Read and Signed by Site Workers

Name	Qualification or Training	Position	Signature	Date