C:\Users\Tanya\Appdata\Local\Microsoft\Windows\Inetcache\Content.Outlook\JG2XL9CD\SWMS Example.DocSWMS Example

# SAFE WORK METHOD STATEMENT

|  |  |  |
| --- | --- | --- |
| SWMS Name: | SWMS Created By: | Date of Creation: |
| SWMS Summary: | Last Reviewed Date: |

|  |  |
| --- | --- |
| **Company/Contractor Details:** | **Project Details:** |
| Name: | Client: |
| ABN: | Contact Name: |
| Address: | Site Address: |
| Contact Number: | Contact Number: |
| Email: | Start Date: |

|  |
| --- |
| **How to complete this SWMS:** |
| 1. **CONSULT:** Consult with all persons who will be involved in the completion of the work.
2. **LIST:** List each of the steps in the task work being done.
3. **IDENTIFY:** Describe the health and safety hazards and risks arising from each step in the work.
4. **RISK ASSESSMENT:** Review the level of risk associated with each hazard listed.
5. **CONTROL:** Describe how the risks will be controlled, and describe what hazard control measures will be put in place.
6. **RESPONSIBILITY:** Allocate a person to be responsible for the hazard control measure.
7. **REVIEW:** Review the effectiveness of the control measures and apply further hazard control measures as required.
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| --- | --- |
| Training/Qualifications Required To Carry Out Work: | PPE Required To Carry Out Work: P2 |
| Are All Workers Adequately Trained And Qualified?Yes / No |
| Legislation, Australian Standards & Codes Of Practice Relevant To Work (Where Applicable): | Equipment Required To Carry Out Work: |
| Environmental Statement: | Safety Checks Required Prior To Commencement Of Work: |
| Coordination With Other Trades: | Permits Required For Commencement Of Work: |
| Have These Permits Been Acquired?Yes / No |

## Risk Analysis Matrix

Use this table to determine the level of risk associated with an identified hazard.

|  |  |
| --- | --- |
| **LIKELIHOOD** | **CONSEQUENCE** |
| **Insignificant** | **Minor** First Aid Required | **Moderate** Medical Attention and Time Off Work | **Major** Long Term Illness or Serious Injury | **Severe** Kill or Cause Permanent Disability or Illness |
| **Almost Certain** | **M** | **H** | **H** | **VH** | **VH** |
| **Likely** | **M** | **M** | **H** | **H** | **VH** |
| **Possible** | **L** | **M** | **H** | **H** | **VH** |
| **Unlikely** | **L** | **L** | **M** | **M** | **H** |
| **Rare** | **L** | **L** | **M** | **M** | **M** |

|  |  |
| --- | --- |
| **RISK LEVEL** | **ACTION** |
| **VERY HIGH** | Act immediately:The proposed task or process activity must not proceed. Steps must be taken to lower the risk level to as low as reasonably practicable using the hierarchy of risk controls. |
| **HIGH** | Act today:The proposed activity can only proceed, provided that:1. The risk level has been reduced to as low as reasonably practicable using the hierarchy of risk controls.
2. The risk controls must include those identified in legislation, Australian Standards, Codes of Practice etc.
3. The risk assessment has been reviewed and approved by the Supervisor.
4. A Safe Working Procedure or Safe Work Method has been prepared.
5. The supervisor must review and document the effectiveness of the implemented risk controls.
 |
| **MEDIUM** | Act this week:The proposed task or process can proceed, provided that:1. The risk level has been reduced to as low as reasonably practicable using the hierarchy of risk controls.
2. The risk assessment has been reviewed and approved by the Supervisor.
3. A Safe Working Procedure or Safe Work Method has been prepared.
 |
| **LOW** | Act this month:Managed by local documented routine procedures, which must include application of the hierarchy of controls. |

## Safe Work Method Statement

| **Work Step** | **Associated/Identified Hazards** | **Risk Level (L, M, H, VH)** | **Hazard Controls** | **Revised Risk Level (L, M, H,****VH)** | **Person Responsible** |
| --- | --- | --- | --- | --- | --- |
| Work your way through each step in the work process, giving a brief description of what is required at each stage. | What hazards can be identified for the stepr | What is the risk level | What hazards controls will be put into place to deal with the identified hazards for this step? | Has the risk been reduced? | Who is responsible for carrying out the work and maintaining the hazard controls |
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**Personnel/Worker Signoff**

All personnel/workers required to carry out this task need to be listed below.

By signing this SWMS, each person declares that they have carefully read the SWMS and that they understand their responsibilities and requirements to complete the work.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (please print)** | **Position / Qualification** | **Signature** | **Date** |
|  |  |  |  |
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## Senior Management Signoff

Does this SWMS meet the necessary safety requirements? Yes / No

Does this SWMS require review? Yes / No Review Date:

|  |
| --- |
| Additional Comments: |
| Name: | Position: | Signature: | Date: |

# APPENDIX 1C – CONFINED SPACE DEFINITIONS

### VIC

|  |  |
| --- | --- |
| **Question** | **Yes or No** |
| 1. Is the space enclosed or partially enclosed? |  |
| 2. Is the space to be, or intended to be, or likely to be, entered by any person? |  |
| 3. Does the space have a restricted means of entry and exit? |  |
| 4. Is the space designed or intended to be at normal atmospheric pressure while any person is in the space? |  |
| 5. Could the atmosphere have oxygen concentration outside of the safe oxygen range (19.5%–23.5%)? |  |
| 6. Could the atmosphere have harmful concentrations of any airborne contaminants? |  |
| 7. Could there be a risk of engulfment? |  |
| **A space is classified as confined if you answer YES to all of questions 1-4 AND at least 1 of questions 5-7.** |

**WA**

|  |  |
| --- | --- |
| **Question** | **Yes or No** |
| 1. Is the space enclosed or partially enclosed? |  |
| 2. Is the space not intended or designed primarily to be used as a regular workplace? |  |
| 3. Does the space have a restricted means of entry and exit? |  |
| 4. Is the space designed or intended to be at normal atmospheric pressure while any person is in the space? |  |
| 5. Could the atmosphere have oxygen concentration outside of the safe oxygen range (19.5%–23.5%)? |  |
| 6. Could the atmosphere have harmful concentrations of any airborne contaminants? |  |
| 7. Could there be a risk of engulfment? |  |
| **A space is classified as confined if you answer YES to all of questions 1-4 AND at least 1 of questions 5-7.** |

**WHS (ACT / NSW / NT / QLD / SA / TAS)**

|  |  |
| --- | --- |
| **Question** | **Yes or No** |
| 1. Is the space enclosed or partially enclosed? |  |
| 2. Is the space not designed or intended primarily to be occupied by a person? |  |
| 3. Is the space designed or intended to be at normal atmospheric pressure while any person is in the space? |  |
| 4. Could the atmosphere have oxygen concentration outside of the safe oxygen range (19.5%–23.5%)? |  |
| 5. Could the atmosphere have a concentration of airborne contaminant that may cause fire or explosion? |  |
| 6. Could the atmosphere have harmful concentrations of any airborne contaminants? |  |
| 7. Could there be a risk of engulfment? |  |
| **A space is classified as confined if you answer YES to all of questions 1-3 AND at least 1 of questions 4-7.** |