

Safe Work Method Statement

Complete the Safe Work Method Statement BEFORE work is started

Location/ Department:	Date Developed:	Approved By:
Task/Activity:	Date of Last Review:	Signature of Person Authorising SWMS:
Legislation, Codes of Practice, Standards used in development of SWP:		

Required PPE to carry out the activity:	 Helmet	 Boots	 Eye	 Vest	 Gloves	 Hearing	 Respirator	 Harness	 Prevent Back Injury... Bend Knees to Lift...
--	---	--	--	--	---	--	---	--	--

	WORK ACTIVITY (Steps in the activity/task)	HAZARDS PRESENT (What could cause injury)	RISK SCORE	RISK CONTROL MEASURES (What can be done to minimise the risk of injury)	RESIDUAL RISK SCORE
1					
2					

	WORK ACTIVITY (Steps in the activity/task)	HAZARDS PRESENT (What could cause injury)	RISK SCORE	RISK CONTROL MEASURES (What can be done to minimise the risk of injury)	RESIDUAL RISK SCORE
3					
4					
5					
6					
7					
8					

WORK ACTIVITY (Steps in the activity/task)		HAZARDS PRESENT (What could cause injury)	RISK SCORE	RISK CONTROL MEASURES (What can be done to minimise the risk of injury)	RESIDUAL RISK SCORE
9					
10					
11					

This SWMS has been developed to reduce and manage the risks that are known to be on the above work site. All members of the team working on this site have read, understood and signed this SWMS.

Risk Score Grid:		Signatures:		
<p>↑ Likelihood</p> <p>What is the chance it will happen?</p> <p>→ Impact</p>	Name:		Signature:	
	Date:			
	Name:		Signature:	
	Date:			
	Name:		Signature:	
	Date:			
Name:		Signature:		
Date:				