

## Safe Work Method Statement (SWMS)

<b>Site / Location / Building:</b>	<b>Scope of Work:</b>	<b>Date:</b>		<b>Name:</b>
		<b>Project N°:</b>		<b>Signature:</b>
<b>Subcontractor Company:</b>		<b>SWMS N°:</b>		<b>Permit to Work Allocated?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
		<b>SWMS Author:</b>		↳ <b>PTW #:</b> _____ <i>Copy Must Be Attached</i>

Place a tick (✓) against ALL hazards and controls relevant to the task, and list all plant, equipment, and isolations as applicable

Hazard Identification	Risk Rank	Risk Controls / Precautions				
Hazards		Personal Protective Equipment	Permits Required / Issued	Training Required	Physical Safeguards	
Confined spaces identified		 Safety Helmet / Hard Hat	Hot Works	Site Induction	Lockout Tag Out	
Working at heights		 Hearing Protection	High Access Equipment	Construction Industry Induction	Electrical Isolation	
Radiation (antennas etc)		 Safety Glasses	Work at Heights / in Ceiling / on Roof	Security Clearance	Mech / Hyd / Pneumatic Isolation	
Asbestos identified		 Safety Footwear	Confined Space	Work at Heights	↳ <b>List Below &amp; Amend to Site Register</b>	
Working in isolation		 Hi Visibility Vest	Electrical (LV)	Confined Space Entry	Barricading / Signage / Notifications	
Electrical		 Gloves	Electrical (HV)	Electrical	Traffic Management	
Fire / hot works		 Fire Extinguisher	Excavation	Plumbing	Observer / Spotter	
In wall / underground services		 Respiratory Protection	Coring / Penetration	Mobile Plant	MSDS (Attach copy)	
Restricted Access		 Breathing Apparatus	Demolition	Refrigerant Handling	<b>OTHER:</b>	
Moving vehicles		 2 Way Radio / Communication	Radiation	<b>Licenses Required</b>	<b>↳ Isolations</b>	
Wind / Rain / Temperature		 Welding Shield / Goggles	Blasting	Elevated Platform	1	
Noise		 Welding Gauntlets	<b>Plant &amp; Equipment</b>	Plumber	2	
Water		 Fall Arrest / Travel Restraint	1	Confined Space	3	
Manual Handling		 Protective Suit	2	Plant Equipment	4	
Unguarded machinery		<b>OTHER:</b>	3	High Risk	5	
Uneven / slippery surfaces		<b>OTHER:</b>	4	<b>OTHER:</b>	6	
		<b>Applicable Legislation / Regulations / Compliance Codes / Standards</b>				
Other people in / near work area		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

