**Integrated Management System**

Safe Work Method Statement (SWMS)

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| Client Details |  | Principal Contractor (PC) |  |
| Work Activity |  | Site Address |  |
| Work Location |  |

| **High Risk Construction Work (HRCW – Please Tick Relevant)** | | | |
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| ☐ | Involves a risk of a person falling more than 2 metres | ☐ | Work on or near chemical, fuel or refrigerant lines |
| ☐ | Work carried out on a telecommunication tower | ☐ | Work on or near energised electrical installations/services |
| ☐ | Demolition of a load-bearing element of a structure or otherwise related to the physical integrity of the structure | ☐ | Work in an area that may have a contaminated or flammable atmosphere |
| ☐ | Work that is likely to involve disturbing asbestos | ☐ | Tilt-up or precast concrete work |
| ☐ | Structural alterations of repairs that require temporary support to prevent collapse | ☐ | Work on, in or adjacent to a traffic corridor that is in use by traffic other than pedestrians |
| ☐ | Work in or near a confined space | ☐ | Work in an area where there is any movement of powered mobile plant |
| ☐ | Work in or near a tunnel | ☐ | Work in an area with artificial extremes of temperature |
| ☐ | Involves the use of explosives | ☐ | Work in or near water or other liquid that involves a risk of drowning |
| ☐ | Work on or near pressurised gas distribution mains/piping | ☐ | Construction diving work |



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| Person Responsible for ensuring compliance |  | | Date SWMS Received |  |
| Workers been consulted about the SWMS? | ☐ Yes | ☐ No | Receiver’s Signature |  |
| Supervisor’s Contact |  | | Supervisor’s Email |  |

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| **What are the tasks involved?** | **What are the hazards & risks?** | **Risk Rating** | **What are the control measures?** | **Residual Risk** |
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We, the personnel listed below have read or been made aware of and understand the procedures outlines in this SWMS. We have been consulted and trained in the specific safety requirements of the activity and will consult with our Supervisor or the Site Supervisor if we are required to amend the SWMS during construction. By signing below, we agree to abide by the control measures and safety requirements outlined in this SWMS and understand that we are responsible for our own and fellow worker’s Health and Safety.

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| **Worker’s Name** | **Employer** | **Worker’s Signature** | **Date** |
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| **Safe Work Method Statement (SWMS)** | Issue Date: | Review Date: | Version: 1 |
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| Printed Documents may not be current. Ensure currency prior to use. | | Authorised by: | |

[](http://www.compliancecouncil.com.au/contact)