OHSE 007–Safe Work Method Statement (SWMS)

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| Organisation Details | | | | | | | | | | | |
| Organisation Name: | |  | | Contact Name:: | | | |  | | | |
| ACN/ABN | |  | | Contact Position: | | | |  | | | |
| Address: | |  | | Contract Phone No: | | | |  | | | |
| Project Details: | | | | | | | | | | | | |
| Project: | |  | | | | | Area: | |  | | | |
| Activity: | |  | | | | | This SWMS has been developed in consultation with:  Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ / \_\_ / | | | | | |
| Resources / Trades Involved: | |  | | | | | | | | | | |
| Equipment Used: | |  | | | | | | | | | | |
| Maintenance checks: | |  | | | | | | | | | | |
| Materials Used: | |  | | | | | | | | | | |
| Occupational Health Safety or Environmental Legislation: | |  | Codes or Standards applicable to the works: | |  | | | | | | | |
| **Level** | **Description of Consequence or Impact** | | | | | **Consequence** | | | **Likelihood / Probability** | | | |
| **L**  *Likely* | **M**  *Moderate* | **U**  Unlikely | |
| **H** (1)  *(High level of harm)* | Potential death, permanent disability or major structural failure/damage. Off-site environmental discharge/release not contained and significant long-term environmental harm. | | | | | **H** (1)  *(High)* | | | **1** | **1** | **2** | |
| **M** (2)  *(Medium level of harm)* | Potential temporary disability or minor structural failure/damage.  On-site environmental discharge/release contained, minor remediation required, short-term environmental harm. | | | | | **M** (2)  *(Medium)* | | | **1** | **2** | **3** | |
| **L** (3)  (*Low level of harm)* | Incident that has the potential to cause persons to require first aid.  On-site environmental discharge/release immediately contained, minor level clean up with no short-term environmental harm. | | | | | **L** (3)  *(Low)* | | | **2** | **3** | **3** | |
| **Level** | **Likelihood / Probability** | | | | | | | | | | | |
| Likely | Could happen frequently | | | | | | | | | | | |
| Moderate | Could happen occasionally | | | | | | | | | | | |
| Unlikely | May occur only in exceptional circumstances | | | | | | | | | | | |

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| **Item** | **Job steps** | **Hazards** | **Risk**  **Class/**  **Ranking** | **Controls** | **Name of persons responsible for work** |
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| **Qualifications and experience required to complete the task** | **Personnel, Duties and Responsibilities**  **(Supervisory staff and others)** | **Training Required to Complete Work** |
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| **Engineering Details / Certificates / WorkCover Approvals:** | | |
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| **This SWMS has been developed through consultation with our employees and has been read, understood and signed by all employees undertaking the works:** | | |
| Print Names: | Signatures: | Dates: |
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| **Review No** | **01** | **02** | **03** | **04** | **05** | **06** | **07** | **08** | **09** |
| Initial: |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |