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: |  |  |  |  |  |  |  |  |  |