## High risk construction work safe work method statement template

Template provided as guidance for developing a safe work method statement (SWMS) under the WHS Regulations.

*Note: Work must be performed in accordance with this SWMS. This SWMS must be kept accessible for each relevant worker and available for inspection until the high risk construction work related to this SWMS is completed. If the SWMS is revised, every version should be kept. If a notifiable incident occurs in relation to the high risk construction work in this SWMS, the SWMS must be kept for at least 2 years from the date of the notifiable incident.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Company name:** |  | | |
| **Work activity:** |  | **Workplace location:** |  |
| **Person conducting a business or undertaking (PCBU):** |  | **Principal contractor (PC):** |  |
| **Works manager:** |  | **Date SWMS provided to PC:** |  |

| **High risk construction work:** | |
| --- | --- |
| Risk of a person falling more than 2 metres | Work on a telecommunication tower |
| Demolition of load-bearing structure | Likely to involve disturbing asbestos |
| Work in or near a confined space | Temporary load-bearing support for structural alterations or repairs |
| Use of explosives | Work in or near a shaft or trench deeper than 1.5 m or a tunnel |
| Work on or near pressurised gas mains or piping | Work on or near chemical, fuel or refrigerant lines |
| Work on or near energised electrical installations or services | Work in an area that may have a contaminated or flammable atmosphere |
| Tilt-up or precast concrete elements | Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians |
| Work in an area with movement of powered mobile plant | Work in areas with artificial extremes of temperature |
| Diving work | Work in or near water or other liquid that involves a risk of drowning |

|  |  |  |  |
| --- | --- | --- | --- |
| **Person responsible for ensuring compliance with SWMS:** |  | **Date SWMS received:** |  |
| **What measures are in place to ensure compliance with SWMS?** |  | | |
| **Person responsible for reviewing SWMS control measures:** |  | **Date SWMS received by reviewer:** |  |
| **How will SWMS control measures be reviewed?** |  | | |
| **Review date:** |  | **Reviewer’s signature:** |  |

| **What are the tasks involved?** | **What are the hazards and risks?** | **What are the control measures?** |
| --- | --- | --- |
| List work tasks in a logical order, with related high risk construction work | Identify the hazards and risks that may cause harm to workers or the public | Describe what will be done to control the risk. What will you do to make the activity as safe as possible? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If you require more space for the above section, please use the end of this form

| **Name of worker(s)** | **Worker signature(s)** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
| Date SWMS received by workers: |  |

|  |  |
| --- | --- |
| **Additional information** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |