

10.2.WH.I.RC.Safe Work Method Statement Template

Safe work method statements

A written safe work method statement (SSWMS) must be completed and provided for all work to be carried out on-site by contractors and workers. The safe work method statement is to be site-specific and specific to the task that is to be completed. A safe work method statement involves identifying the specific risks/hazards that occur for a specific task. The SWMS;

- Describes the work and how it is to be completed
- Identifies the potential hazards of each individual task
- Assesses the risks involved
- Identifies controls that are to be put in place to mitigate the risks

The safe work method statement can also include references to legislation, codes of practice or standards that are to be used in reference to the work.

Step by step guide to assessment of SWMS

The SWMS shall include information such as;

- Date of creation of the SWMS
- Name and signature of the person who developed the SWMS
- Company name
- Site and work area where the SWMS is relevant
- Work to be carried out
- Persons to carry out the work
- Equipment to be used in the work
- Risks identified in the area and for the specific work to be completed
- Controls that are to be implemented for the specific risks
- Relevant qualifications or competencies required/held by persons completing the work
- References to documents
- Mention of any other permits that are required for the work (examples include hot works, confined space)
- Name of person responsible for the implementation of the controls.

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Organisation Details			
Organisation Name:		Contact Name:	
ACN/ABN		Contact Position:	
Address:		Contract Phone No:	
Work Description:			
Work Description:		Area:	
Activity:		This SWMS has been developed in consultation with: Reviewed by: _____ Position: _____ Date: _ / _ /	
Resources / Trades Involved:			
Equipment Used:			
Maintenance checks:			
Materials Used:			
Work Health Safety or Environmental Legislation:		Codes or Standards applicable to the works:	

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Level	Description of Consequence or Impact	Consequence	Likelihood / Probability – 12 Month Period				
			A. Almost Certain	B. Likely	C. Possible	D. Unlikely	E. Rare
1. Extraordinary	Major incident involving fatalities or permanent disability, environmental disaster, bankruptcy, shareholder losses, public image. An environmental impact that is severe and likely to spread beyond the immediate site and will remain a serious problem over a prolonged period	1.Extraordinary	1	2	4	7	11
2. Major	Extensive and severe risk of economic and financial loss, legal or industrial action, serious injury or disease to Brookfield Services staff or the general public. An environmental impact that is severe and likely to impact beyond the immediate site and remain a problem in the medium term.	2. Major	3	5	8	12	16
3. Moderate	Medical treatment required, loss of production capability, off-site releases with no detrimental effects, medium financial loss, environmental impact that may be significant. Environmental impact will be localised and have short term effects.	3. Moderate	6	9	13	17	20
4. Minor	First aid treatment required, on-site release immediately contained, minor financial loss, a minor and transient environmental impact.	4. Minor	10	14	18	21	23
5. Insignificant	No injuries, low or zero financial loss, no environmental impact occurring.	5. Insignificant	15	19	22	24	25
Level	Likelihood / Probability						
A. Almost Certain	The event/impact is common and expected to occur in most circumstances						
B. Likely	The event/impact has happened before and will probably occur again						
C. Possible	This event/impact could occur at some time						
D. Unlikely	This event/impact is not likely to occur						
E. Rare	This event/impact may occur in exceptional circumstances only						

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Item	Job steps	Hazards	Risk Class / Ranking	Controls	Name of workers responsible for work

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 / Work Cover Approvals:

This SWMS has been developed through consultation with our workers and has been read, understood and signed by all workers undertaking the works:		
Print Names:	Signatures:	Dates:

Review No	01	02	03	04	05	06	07	08	09
Initial:									
Date:									