

HIGH RISK CONSTRUCTION WORK SAFE WORK METHOD STATEMENT SWMS

Note

Work must be performed in accordance with this SWMS.

This SWMS must be kept and be available for inspection until the high risk construction work to which this SWMS relates is completed.

If the SWMS is revised, all versions 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 two years from the date of the notifiable incident.

Person conducting a business or undertaking (PCBU) name

Works manager (Building Supervisor)

Contact details

Contact phone (Building Supervisor)

Principal contractor (PC) name

Date SWMS provided to PC (DD/MM/YYYY)

Contact details

Work activity (What work are you doing)

Workplace location (Job Address)

High risk construction work:

Risk of a person falling more than two metres (Note: in some jurisdictions this is three metres)

Likely to involve disturbing asbestos

Work in or near a shaft or trench deeper than 1.5 m or a tunnel

Work on or near chemical, fuel or refrigerant lines

Tilt-up or pre-cast concrete elements

Work in areas with artificial extremes of temperature

Work on a telecommunication tower

Temporary load-bearing support for structural alterations or repairs

Use of explosives

Work on or near energised electrical installations or services

Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians

Work in or near water or other liquid that involves a risk of drowning

Demolition of load-bearing structure

Work in or near a confined space

Work on or near pressurised gas mains or piping

Work in an area that may have a contaminated or flammable atmosphere

Work in an area with movement of powered mobile plant

Person responsible for ensuring compliance with SWMS (Supervisor)

Date SWMS received by reviewer (DD/MM/YYYY)

Date SWMS received (DD/MM/YYYY)

How will the SWMS control measures be reviewed?

What measures are in place to ensure compliance with the SWMS? (Note: How do you intend to monitor SWMS compliance)

Reviewer's signature

Person responsible for reviewing SWMS control measures

Review date (DD/MM/YYYY)

What are the tasks involved?	What are the hazards and risks?	What are the control measures?
<p>List the work tasks in a logical order. Note: HRCW activities are listed in this column.</p>	<p>Identify the hazards and risks that may cause harm to workers or the public. Note: These hazards and risks refer to High Risk construction work as defined in Clause 291.</p>	<p>Describe what will be done to control the risk. What will you do to make the activity as safe as possible? Note: Keep it simple and practical – this is what you will need to monitor your compliance against.</p>

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Name of worker(s)

Worker signature(s)

Date SWMS received by workers (DD/MM/YYYY)