

Safe Work Method Statement (SWMS)

Complete before work starts. All workers must read and sign. Keep on site for the duration of the task.

PROJECT AND TASK

Company		SWMS number	
Site address		Date prepared	
Task / activity		Prepared by	
Principal contractor		Version / review date	

HIGH-RISK WORK INVOLVED (TICK ALL THAT APPLY)

☐ Work at height over 2m	☐ Live electrical work	☐ Confined space
☐ Excavation / trenching	☐ Mobile plant nearby	☐ Demolition
☐ Asbestos (suspected or known)	☐ Hot work / welding	☐ Other: _____

JOB STEPS, HAZARDS AND CONTROLS

Step	Task step description	Hazards	Risk (H/M/L)	Control measures	Residual risk
1					
2					
3					
4					
5					
6					

PPE REQUIRED

☐ Hard hat	☐ Eye protection	☐ Hearing protection	☐ Hi-vis
☐ Safety boots	☐ Gloves	☐ Respirator / mask	☐ Harness

WORKER SIGN-ON (I HAVE READ, UNDERSTOOD AND WILL FOLLOW THIS SWMS)

Name	Signature	Date	Time