Safe Work Method Statement (SWMS)

High risk construction work | Western Australia

EasyDone

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. (WorkSafe WA)

1 Business and work details

Company name:		**ABN:**		**Phone / email:**	
Business address:		**Person conducting a business or undertaking (PCBU):**			
Principal contractor (PC):		**Date SWMS provided to PC:**			
Works manager / supervisor:		**Works manager phone:**			
Work activity:		**Workplace location (site address):**			
SWMS number:		**Version:**		**Date prepared:**	**Review date:**
Prepared by (name(s) and position):					

2 High risk construction work: *Tick every kind of high risk construction work this SWMS covers.*

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

3 Compliance with this SWMS

Person responsible for ensuring compliance with SWMS:		**Date SWMS received:**	
What measures are in place to ensure compliance with SWMS?			

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4 Risk key

EXAMPLE ONLY: replace with your business's own risk matrix if you have one.

Likelihood / Consequence	Minor first aid	Moderate medical treatment	Major serious injury	Severe death or permanent harm
Likely	M	H	E	E
Possible	L	M	H	E
Unlikely	L	M	H	H
Rare	L	L	M	H

L	**Low**	Manage with normal work procedures.
M	**Medium**	Controls in place and checked before work starts.
H	**High**	Don't start until higher-order controls are in place.
E	**Extreme**	Don't start. Eliminate the hazard or change the job.

Choosing control measures

1. Eliminate the risk so far as is reasonably practicable.
2. If not, minimise it by substituting, isolating or engineering controls.
3. Then use administrative controls for any remaining risk.
4. Then use personal protective equipment (PPE).

Source: WorkSafe WA, SWMS for high risk construction work information sheet.

5 Hazards and control measures

Rate each risk before and after controls using the risk key (L / M / H / E).

	Job step List work tasks in a logical order, with related high risk construction work	**Hazards** What are the hazards and risks? Identify the hazards and risks that may cause harm to workers or the public	**Risk before** L / M / H / E	**Control measures** What are the control measures? Describe what will be done to control the risk. Work down the hierarchy of controls.	**Risk after** L / M / H / E	**Person responsible** Who puts the control in place and checks it
1						
2						
3						
4						
5						
6						

5 Hazards and control measures (continued)

	Job step List work tasks in a logical order, with related high risk construction work	**Hazards** What are the hazards and risks? Identify the hazards and risks that may cause harm to workers or the public	**Risk before** L / M / H / E	**Control measures** What are the control measures? Describe what will be done to control the risk. Work down the hierarchy of controls.	**Risk after** L / M / H / E	**Person responsible** Who puts the control in place and checks it
7						
8						
9						
10						
11						
12						
13						
14						

If you need more rows, print an extra copy of this page or use Additional information on page 4.

6 Plant and equipment

Plant, tools and equipment used for this work, and their pre-start checks.

Item (plant / equipment, rego or serial no.)	Checked by	Date	Notes (licence held, inspection, defects)

7 Consultation and review

Who was consulted (workers, HSR, principal contractor):		**Date(s) consulted:**	
Person responsible for reviewing SWMS control measures:		**Date SWMS received by reviewer:**	
How will SWMS control measures be reviewed?			
Review date:		**Reviewer's signature:**	

Review log Review when the work, system of work or location changes, a new hazard or new information comes up, a notifiable incident happens, or controls are inadequate or not followed. Re-brief the team.

Date reviewed	Reviewed by	What changed	New version no.

Additional information

8 Sign-on register

Workers: by signing, you confirm this SWMS has been explained to you, you understand it, and you will follow it. Work must stop if it is not being done in line with this SWMS. Tell your supervisor, and don't restart until the SWMS has been reviewed.

	Name of worker	Company	Worker signature	Date SWMS received
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