**SAFE WORK METHOD STATEMENT (SWMS)**

This template is intended to assist member businesses develop their own workplace form. The following information should be used as a guide only. Any wording changes, other than those to insert a business name, may change the context, meaning or purpose of the template. We recommend you receive advice from the Victorian Chamber of Commerce and Industry prior to making such changes.

Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced health, safety and wellbeing and workplace relations advisors can assist members with a range of health, safety, wellbeing, employment, human resources and industrial relations issues.

Our experienced health, safety and wellbeing and workplace relations consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. The consultants can, among other things, provide health, safety and wellbeing consulting and training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Advice Line on **(03) 8662 5222.**

**Disclaimer**

The information contained in this document has been prepared by the Victorian Chamber of Commerce and Industry in this format for the convenience and benefit of its members and is provided as a source of information only. The Victorian Chamber does not accept responsibility for the accuracy of the information or its relevance or applicability in particular circumstances. The information does not constitute, and should not be relied on, as legal or other professional advice about the content and does not reflect the opinion of the Victorian Chamber, its employees or agents. The Victorian Chamber and its employees, officers, authors or agents expressly disclaim all and any liability to any person, whether a member of the Victorian Chamber or not, in respect of any action or decision to act or not act which is taken in reliance, whether partially or wholly, on the information in this communication. Without limiting the generality of this disclaimer, no responsibility or liability is accepted for any losses incurred in contract, tort, negligence, or any other cause of action, or for any consequential or other forms of loss. If you are uncertain about the application of this information in your own circumstances you should obtain specific advice.

SAFE WORK METHOD STATEMENT

A Safe Work Method Statement (SWMS) must be prepared for all **high-risk construction work**. This method statement must be written in consultation with the workers who perform the high risk construction work and they must sign the SWMS following its completion and prior to starting work. Redrafting may be required to include their suggestions regarding a better, safer way to do the job. They will also be more inclined to take ownership of the method statement and act on it if they participate in the method statement planning and writing.

All employees undertaking the work must be aware of the method statement. If there is non-compliance with the SWMS, the employer must stop the work immediately, or as soon as it is safe to do so, and not resume until the method statement is complied with or revised.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Job** |  | **Date** |  | | **SWMS No.** |  | |
| **Accepted:** | | | **Y ❑** | | **N ❑** |
| **Supervisor sign off** | |  | | | |

|  |  |  |
| --- | --- | --- |
| Procedure (in steps)  *List the tasks required to perform the activity in the sequence they are carried out* | Possible Hazards  *Against each task list the hazards that could cause injury or illness when the task is performed* | Safety Controls  *List the control measures required to eliminate or minimise the risk of injury arising from the identified hazard* |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

|  |  |  |
| --- | --- | --- |
| Personal Qualifications and Experience | Personnel, Duties and Responsibilities | Training Required to Complete Work |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Engineering Details/Certificates/Licences | Relevant OHS and Compliance Codes e.g. Confined Spaces |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Plant/Equipment | Maintenance Checks |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Employee Name** | **Employee Signature** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |