

WHS FORM 05: SAFE WORK METHOD STATEMENT

[PCBU name, ABN, Office address and phone]		Principal contractor (PC)	[Name, ABN, Office address]
Work activity	[Job description]	Work location	
High risk construction work	<ul style="list-style-type: none"> [list work from WHS Regulations] 	Works manager	
Have workers been consulted about the SWMS?		Contact phone	
Person responsible for ensuring compliance with SWMS		Date SWMS provided to PC	
Person(s) responsible for reviewing the SWMS		Last SWMS review date	
Date received		Signature	
Workers name		Date received	
Workers signature			

