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| **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** | • [list work from WHS Regulations]••• |
| **Works manager** |  |
| **Contact phone** |  |
| **Have workers been consulted about the SWMS?** |  |

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| **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** |  |

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| **Workers name** |  | **Date received** |  |
| **Workers signature** |  |  |  |

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| **What are the tasks involved?** | **What are the hazards and risks?**(What is the problem?) | **What are the control measures?**(Describe the control measures and how they will be used) |
| Think about the workplace and each stage of the work, including preparation and clean-up. |
|  | Identify the hazards and risks that may cause harm to workers or the public. | Describe what will be done to control the risk. What will you do to make the activity as safe as possible? |
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