**14**

|  |  |  |  |
| --- | --- | --- | --- |
| **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?** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |  |  |

**15**

|  |  |  |
| --- | --- | --- |
| **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? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |