

WHS FORM 05: SAFE WORK METHOD STATEMENT

[PCBU name, ABN, Office address and phone]		[Name, ABN, Office address]	
Work activity	[Job description]	Principal contractor (PC)	
High risk construction work	<ul style="list-style-type: none"> • [list work from WHS Regulations] • • • • • 	Work location	
		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	

