


SAFE WORK METHOD STATEMENT (SWMS)

NOTE: BEFORE filling out this SWMS you must first **ALWAYS** provide a JSA form. Work must be performed in accordance with this SWMS.

This SWMS must be kept and be available for inspection until the high risk construction work to which this SWMS relates is completed. If the SWMS is revised, all versions should be kept.

If a notifiable incident occurs in relation to the high risk construction work in this SWMS, the SWMS must be kept for at least 2 years from the date of the notifiable incident.

Works Manager:		Principal Contractor (PC):	Sydney Contracting Engineers PTY LTD	
Contact Number:		PC Office Phone Number:	+ 61 2 9051 9595	
Site Supervisor:		Date SWMS Was Completed:		
Contact Number:		Date SWMS Provided to PC:		
Work Activity:	[Job description]	Workplace Location:		
High Risk Construction Work Please tick all boxes that apply: 	<input type="checkbox"/> Risk of a person falling more than 2 metres	<input type="checkbox"/> Work in or near a confined space	<input type="checkbox"/> Diving work	
	<input type="checkbox"/> Work on or near chemical, fuel or refrigerant lines	<input type="checkbox"/> Work in an area that may have a contaminated or flammable atmosphere	<input type="checkbox"/> Work on a telecommunication tower and/or services	
	<input type="checkbox"/> Likely to involve disturbing asbestos	<input type="checkbox"/> Work in or near a shaft or trench deeper than 1.5 m or a tunnel	<input type="checkbox"/> Use of explosives or hazardous substance	
	<input type="checkbox"/> Work in or near water or other liquid that involves a risk of drowning	<input type="checkbox"/> Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians	<input type="checkbox"/> Tilt up or precast concrete elements	
	<input type="checkbox"/> Work on or near energised electrical installations or services	<input type="checkbox"/> Temporary load-bearing support for structural alterations or repairs	<input type="checkbox"/> Work in areas with artificial extremes of temperature	
	<input type="checkbox"/> Work in an area with movement of powered mobile plant	<input type="checkbox"/> Demolition of a load-bearing structure	<input type="checkbox"/> Work on or near pressurised gas mains or piping	

Person responsible for ensuring compliance with SWMS:	Site Supervisor	Date SWMS received:	
What measures are in place to ensure compliance with the SWMS?	All SCE site supervisors have been trained on completing JSA/SWMS. All SCE site supervisors have been instructed to contact SCE management if unsure.		
Person responsible for reviewing SWMS control measures:	Farshid MANESH / Frank MANESH	Date SWMS received by reviewer:	
How will the SWMS control measures be reviewed?	SCE management team constantly monitor state requirements and communicate all additional requirements to supervisors through regular meetings.		
Review date:		Reviewer's signature:	
What are the tasks involved?	What are the hazards and risks?	What are the control measures?	
List the work tasks in a logical order.	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?	
	<input type="checkbox"/> Risk of a person falling more than 2 metres	<input type="checkbox"/> EWP, <input type="checkbox"/> Edge Protect, <input type="checkbox"/> Harness, <input type="checkbox"/> Secure Ladder, <input type="checkbox"/> Other (Please specify)	
	<input type="checkbox"/> Likely to involve disturbing asbestos	<input type="checkbox"/> Face mask, <input type="checkbox"/> Face shield, <input type="checkbox"/> Protective suite, <input type="checkbox"/> Gloves, <input type="checkbox"/> Other (Please specify)	
	<input type="checkbox"/> Work on or near chemical, fuel or refrigerant lines	<input type="checkbox"/> Face mask, <input type="checkbox"/> Face shield, <input type="checkbox"/> Protective suite, <input type="checkbox"/> Gloves, <input type="checkbox"/> Other (Please specify)	
	<input type="checkbox"/> Work in areas with artificial extremes of temperature	<input type="checkbox"/> Air Circulation devices (E.g. Fan), <input type="checkbox"/> Keeping hydrated, <input type="checkbox"/> Suitable Clothing, <input type="checkbox"/> Other (Please specify)	
	<input type="checkbox"/> Temporary load-bearing support for structural alterations or repairs	<input type="checkbox"/> Propping, <input type="checkbox"/> Barricade, <input type="checkbox"/> Signage, <input type="checkbox"/> Hard hat, <input type="checkbox"/> Goggles, <input type="checkbox"/> Other (Please specify)	
	<input type="checkbox"/> Work on or near energised electrical installations or services	<input type="checkbox"/> Exclusion zone, <input type="checkbox"/> Barricading, <input type="checkbox"/> Flagging, <input type="checkbox"/> Other (Please specify)	

	<input type="checkbox"/> Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians	<input type="checkbox"/> Barricade, <input type="checkbox"/> Traffic controllers, <input type="checkbox"/> Traffic control devices, <input type="checkbox"/> Signage, <input type="checkbox"/> Spotters, <input type="checkbox"/> Other (Please specify)
	<input type="checkbox"/> Work in or near water or other liquid that involves a risk of drowning	<input type="checkbox"/> Barricade, <input type="checkbox"/> Signage, <input type="checkbox"/> Other (Please specify)
	<input type="checkbox"/> Demolition of load-bearing structure	<input type="checkbox"/> Engineering plans, <input type="checkbox"/> Hard hat, <input type="checkbox"/> Barricade, <input type="checkbox"/> Goggles, <input type="checkbox"/> Signage <input type="checkbox"/> Isolation, <input type="checkbox"/> Propping, <input type="checkbox"/> Hearing protection, <input type="checkbox"/> Gloves, <input type="checkbox"/> Other (Please specify)
	<input type="checkbox"/> Work in or near a confined space	<input type="checkbox"/> Rescue Kit, <input type="checkbox"/> Gas detector, <input type="checkbox"/> Rescue plan, <input type="checkbox"/> Qualified supervisor, <input type="checkbox"/> Other (Please specify)
	<input type="checkbox"/> Work in an area that may have a contaminated or flammable atmosphere	<input type="checkbox"/> Signage, <input type="checkbox"/> Barricade, <input type="checkbox"/> Gloves, <input type="checkbox"/> Goggles, <input type="checkbox"/> Protective suit, <input type="checkbox"/> Face mask, <input type="checkbox"/> Face shield, <input type="checkbox"/> Containment <input type="checkbox"/> Other (Please specify)
	<input type="checkbox"/> Work in an area with movement of powered mobile plant	<input type="checkbox"/> Spotter, <input type="checkbox"/> Exclusion zone, <input type="checkbox"/> Vehicle movement plan, <input type="checkbox"/> Barricade, <input type="checkbox"/> Other (Please specify)
	<input type="checkbox"/> Work in or near a shaft or trench deeper than 1.5 m or a tunnel	<input type="checkbox"/> Spotter, <input type="checkbox"/> Rescue Kit, <input type="checkbox"/> Gas detector, <input type="checkbox"/> Rescue plan, <input type="checkbox"/> Qualified supervisor, <input type="checkbox"/> Hardhat, <input type="checkbox"/> Gloves, <input type="checkbox"/> Suitable clothing, <input type="checkbox"/> Face shield, <input type="checkbox"/> Other (Please specify)
	<input type="checkbox"/> Diving work	<input type="checkbox"/> Correct Driving gear, <input type="checkbox"/> Rescue plan, <input type="checkbox"/> Qualified supervisor, <input type="checkbox"/> Qualified diver, <input type="checkbox"/> Enough oxygen, <input type="checkbox"/> Safety rope, <input type="checkbox"/> Under water scaffolding (if needed), <input type="checkbox"/> Other (Please specify)

	<input type="checkbox"/> Work on a telecommunication tower	<input type="checkbox"/> Exclusion zone, <input type="checkbox"/> Barricading, <input type="checkbox"/> Flagging, <input type="checkbox"/> Signage, <input type="checkbox"/> Spotters, <input type="checkbox"/> Harness, <input type="checkbox"/> Secured ladder, <input type="checkbox"/> Other (Please specify)
	<input type="checkbox"/> Use of explosives or hazardous substance	<input type="checkbox"/> Signage, <input type="checkbox"/> Barricade, <input type="checkbox"/> Gloves, <input type="checkbox"/> Goggles, <input type="checkbox"/> Protective suit, <input type="checkbox"/> Face shield, <input type="checkbox"/> Containment, <input type="checkbox"/> Safe distance, <input type="checkbox"/> Qualified supervisor, <input type="checkbox"/> Rescue plan, <input type="checkbox"/> Other (Please specify)
	<input type="checkbox"/> Tilt up or precast concrete elements	<input type="checkbox"/> Spotter, <input type="checkbox"/> Exclusion zone, <input type="checkbox"/> Qualified supervisor, <input type="checkbox"/> Signage, <input type="checkbox"/> Hard hat, <input type="checkbox"/> Goggles, <input type="checkbox"/> Other (Please specify)
	<input type="checkbox"/> Work on or near pressurised gas mains or piping	<input type="checkbox"/> Gas detector, <input type="checkbox"/> Rescue plan, <input type="checkbox"/> Qualified supervisor, <input type="checkbox"/> Gloves, <input type="checkbox"/> Suitable clothing, <input type="checkbox"/> Face shield, <input type="checkbox"/> Signage, <input type="checkbox"/> Gloves, <input type="checkbox"/> Goggles, <input type="checkbox"/> Protective suit, <input type="checkbox"/> Containment, <input type="checkbox"/> Other (Please specify)



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Name of Worker(s)	Worker signature(s)	Date of Signature(s)