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| **Note:** Work must be performed in accordance with this safe work method statement (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, every version 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 |
| **Person conducting a business or undertaking (PCBU):** | Click or tap here to enter text. |
| **Principle Contractor (PC):** | Click or tap here to enter text. |
| **Works Manager:** | Click or tap here to enter text. | **Date SWMS provided to PC:** | Click or tap here to enter text. |
| **Work activity:** | Click or tap here to enter text. | **Workplace location:** | Click or tap here to enter text. |
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| **High risk construction work** |
| Risk of a person falling more than 2 metres |[ ]  Demolition of load-bearing structure |[ ]
| Work on a telecommunication tower |[ ]  Temporary load-bearing support for structural alterations or repairs |[ ]
| Likely to involve disturbing asbestos |[ ]  Work in or near a shaft or trench deeper than 1.5 m or a tunnel |[ ]
| Work in or near a confined space |[ ]  Work on or near pressurised gas mains or piping |[ ]
| Work on or near chemical, fuel or refrigerant lines |[ ]  Work on or near energised electrical installations or services |[ ]
| Work in an area that may have a contaminated or flammable atmosphere |[ ]  Tilt-up or precast concrete elements |[ ]
| Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians |[ ]  Work in areas with artificial extremes of temperature |[ ]
| Work in an area with movement of powered mobile plant |[ ]  Diving work |[ ]
| Work in or near water or other liquid that involves a risk of drowning |[ ]  Use of explosives |[ ]
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| Person responsible for ensuring compliance with SWMS: | Click or tap here to enter text. | Date SWMS received: | Click or tap to enter a date. |
| What measures are in place to ensure compliance with the SWMS? | Click or tap here to enter text. |
| Person responsible for reviewing SWMS control measures: | Click or tap here to enter text. | Date SWMS received by reviewer: | Click or tap to enter a date. |
| How will the SWMS control measures be reviewed? | Click or tap here to enter text. |
| Review date: | Click or tap to enter a date. | Reviewer’s signature: |  |
| **What are the tasks involved?**List the work tasks in a logical order. | **What are the hazards and risks?**Identify the hazards and risks that may cause harm to workers or the public. | **What are the control measures?**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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| Name of worker(s): | Worker signature: |
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| Date SWMS received by workers: | Click or tap to enter a date. |