

Name

Signature

# Grays

300

Date

### **SAFE WORK METHOD STATEMENT**

SWMS	Responsi	ble Person	SMWS Participants					
	1.	4.	1.	4.	7.			
	2.	5.	2.	5.	8.			
	3.	6.	3.	6.	9.			
Prepared By:			Approved By:					

GraysOnline

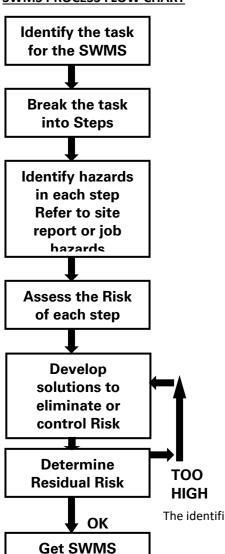
Signature

Date

Job Location and Work to be Performed:	
Additional information (if required):	

#### **SAFE WORK METHOD STATEMENT**

#### **SWMS PROCESS FLOW CHART**



#### **TASK REQUIREMENT CHECKLIST**

Grouping	System, Tools, Licenses, Equipment Checks, Permits, Insurances					
Insurances Licenses						
Equipment						
Personal Protective Equipment						
Permits						
Other relevant Requirements						

#### **Instructions for completion of SWMS:**

- SWMS to be prepared by Contractor
- SWMS to be reviewed by GraysOnline personnel and amended if required with specific:
  - o PPE Requirements
  - Induction Requirements
  - Permits
  - o Any other relevant requirements

The identified hazards will be evaluated in accordance with their probability and severity, and classified in the categories indicated below

Approved for use



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## **SAFE WORK METHOD STATEMENT**

Basic / Job Steps	Potential Accident or Hazard	Personnel at Risk	Risk Control Measure	Likelihood	Consequence	Responsible for Control Measure Action	Action Done
	Hazard Description and Effect for each Task.		List and describe fully all Controls Required				



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