

INSERT ORGANISATION LOGO

INSERT SWMS NUMBER

# Safe Work Method Statement (SWMS)

Organisation Details			
Organisation Name:		Contact Name::	
ACN/ABN		Contact Position:	
Address:		Contract Phone No:	
Project Details:			
Project:		Area:	
Activity:		This SWMS has been developed in consultation with: Reviewed by: _____ Position: _____ Date: _ / _ /	
Resources / Trades Involved:			
Equipment Used:			
Maintenance checks:			
Materials Used:			
Occupational Health Safety or Environmental Legislation:		Codes or Standards applicable to the works:	

Level	Description of Consequence or Impact	Consequence	Likelihood / Probability		
			L <i>Likely</i>	M <i>Moderate</i>	U <i>Unlikely</i>
<b>H (1)</b> <i>(High level of harm)</i>	Potential death, permanent disability or major structural failure/damage. Off-site environmental discharge/release not contained and significant long-term environmental harm.	<b>H (1)</b> <i>(High)</i>	1	1	2
<b>M (2)</b> <i>(Medium level of harm)</i>	Potential temporary disability or minor structural failure/damage. On-site environmental discharge/release contained, minor remediation required, short-term environmental harm.	<b>M (2)</b> <i>(Medium)</i>	1	2	3
<b>L (3)</b> <i>(Low level of harm)</i>	Incident that has the potential to cause persons to require first aid. On-site environmental discharge/release immediately contained, minor level clean up with no short-term environmental harm.	<b>L (3)</b> <i>(Low)</i>	2	3	3
Level Likelihood / Probability					
Likely	Could happen frequently				
Moderate	Could happen occasionally				
Unlikely	May occur only in exceptional circumstances				



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<b>Engineering Details / Certificates / WorkCover Approvals:</b>		

