

Safe Work Method Statement (SWMS)

Blank form, edition October 2026

One form for one job. Fill it in for the work on this site, go through it with the crew, and have everyone sign before the work starts.

1 The job

BUSINESS DOING THE WORK	BUSINESS CONTACT PHONE
SUPERVISOR ON SITE (ROLE AND PHONE)	PRINCIPAL CONTRACTOR (IF ANY)
SITE ADDRESS	
WORK THIS SWMS COVERS	
STATE OR TERRITORY	PLANNED START DATE
PREPARED BY (ROLE)	WORKERS CONSULTED (ROLES)
DATE PREPARED	VERSION

2 High-risk construction work in this job

Name each kind of high-risk construction work this job involves, in the words of your state's list.

3 Equipment, licences and protective gear

PLANT AND EQUIPMENT
LICENCES, TICKETS AND TRAINING NEEDED
PERMITS (HOT WORK, CONFINED SPACE, OTHER)
PERSONAL PROTECTIVE EQUIPMENT

4 Steps, hazards and controls

List the work in the order it happens on the day. For each step, write what could hurt someone and what harm could result, rate the risk with your business's own method, then describe the controls, how they will be set up or used, and who is responsible.

[illegible]

5 Checking and reviewing the controls

HOW THE CONTROLS ARE CHECKED WHILE THE WORK GOES ON

WHO CHECKS (ROLE)

HOW OFTEN

WHO REVIEWS THE CONTROLS (ROLE)

HOW CHANGES ARE EXPLAINED TO THE CREW

Review this SWMS and fix it before carrying on when:

☐ the work, the method or the site changes

☐ a control is not working

☐ there is an incident or a near miss

☐ a worker or a health and safety representative raises a concern

☐ other:

6 Review record

Date	What changed	Reviewed by (role)	New version

7 Emergency

FIRST AID CONTACT (ROLE AND PHONE)

FIRST AID KIT LOCATION

NEAREST HOSPITAL OR MEDICAL CENTRE

EMERGENCY ASSEMBLY POINT

EMERGENCY SERVICES NUMBER

SITE EMERGENCY CONTACT (ROLE AND PHONE)

8 Sign-on

I have read this SWMS, or had it explained to me. I understand it and will do the work the way it sets out. If the work changes or a control is not working, I will stop and tell the supervisor.

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