

Seawolf Building Co.

Safe Work Method Statement (SWMS)

ABN: 21 663 496 008

Phone: 0433 603 045

Address: Renfrew Road, Werri Beach NSW 2533

Email: admin@seawolfbuilding.com.au

Project:

Project No:

SWMS No:

Work Activity:

All persons involved in the works must have the SWMS explained and communicated to them prior to start of works.

SWMS DETAILS

Brief Description of Work Activity:

Location:

Date:

Date to be Reviewed:

Personnel Responsible for Monitoring this Activity:

Codes of Practice / Standards Consulted: NCC, Safework, WHS Act

These must be complied with

Plant and Equipment Required for this Activity:

Details of Maintenance Checks Required for this Activity:



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SEAWOLF
BUILDING CO.

Materials Used:

MSDS Required? (Yes / No)

Personnel Qualifications Required for this Activity:

Relevant state certification for task or plant being operated has been undertaken

Specific Training Required for this Activity:

All personnel have completed a Site Induction, have all relevant certification for this task and are trained in this SWMS.

Personnel consulted on development of SWMS:

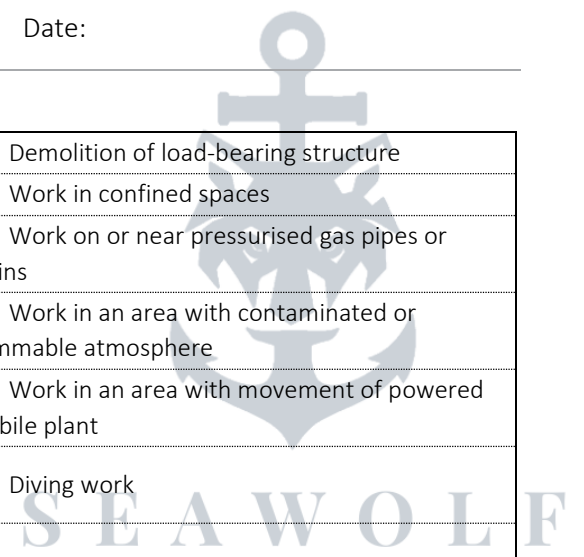
Name	Position	Industry Experience
Dane Johnson	Managing Director	20 Years

Person Responsible for Updating SWMS: Dane Johnson

Signature:

Date:

High Risk Work involves:	<input type="checkbox"/> Risk of falls from greater than 2 metres	<input type="checkbox"/> Work on a telecommunications tower	<input type="checkbox"/> Demolition of load-bearing structure
	<input type="checkbox"/> Likely to involve disturbing asbestos	<input type="checkbox"/> Temporary load-bearing support structures	<input type="checkbox"/> Work in confined spaces
	<input type="checkbox"/> Work in or near shaft or trench with an excavated depth greater than 1.5m or a in tunnel	<input type="checkbox"/> Use of Explosives	<input type="checkbox"/> Work on or near pressurised gas pipes or mains
	<input type="checkbox"/> Work on or near chemical, fuel or refrigerant lines	<input type="checkbox"/> Work on or near energised electrical installations or services	<input type="checkbox"/> Work in an area with contaminated or flammable atmosphere
	<input type="checkbox"/> Work with tilt up or pre-cast concrete	<input type="checkbox"/> Work on, in or adjacent to road, rail shipping or other major traffic corridor	<input type="checkbox"/> Work in an area with movement of powered mobile plant
	<input type="checkbox"/> Work in or areas with artificial extremes of temperature	<input type="checkbox"/> Work in or near a drowning risk	<input type="checkbox"/> Diving work
	<input type="checkbox"/> Other [please specify]:		



Activity Break the job down into steps	Potential Safety and Environmental Hazards What can go wrong	Risk Rating			Control Measures	Risk Rating After Controls			Person Responsible To ensure management method applied
		C	P	R		C	P	R	



SIGNOFF

We the undersigned, confirm that the SWMS nominated above has been explained and its contents are clearly understood and accepted. We also confirm that our required qualifications to undertake this activity are current. We also clearly understand the controls in this SWMS must be applied as documented, otherwise work is to cease immediately.

Name	Qualification Required for this Activity	Signature	Date	Time	High Risk Licence Number & Expiry <i>(if required)</i>

