

Safe Work Method Statement

Use of Master Builders Generic Safe Work Method Statements

Disclaimer:

The Master Builders Association of Victoria expressly disclaim all and any liability to any person in respect of anything, and of consequence of anything done or omitted to be done by any or such person in reliance, whether wholly or partially on this generic safe work method statement.

Rules for the use of Master Builders generic SWMS

1. This generic SWMS is provided as a sample. It is not to be used by a builder or subcontractor for the purpose of managing safety on their projects. It can be used as a template to enable builders and subcontractors to produce their own SWMS. Master Builders have carbon copy pads available for sale to enable builders/subcontractors to produce their own SWMS.
2. Employers intending to use this SWMS as a template for their own SWMS must ensure they consult with their employees, including their Health and Safety Representatives, prior to its introduction.
3. Builders and subcontractors must ensure that their SWMS is relevant to the project at hand. Generic SWMS should not be used unless precautions have been taken to ensure that the document adequately addresses the hazards and risks relevant to each particular project.
4. Builders and subcontractors intending to use this sample SWMS as a template for their own generic SWMS, without making any changes to the detail, must ensure that they adhere to and implement all of the relevant risk controls.
5. The range of generic SWMS provided by Master Builders are not sufficiently broad enough to cover “all” hazards or risks encountered by builders and subcontractors. It does not cover the full list of requirements for which SWMS are specifically required under the OHS Construction Regulations. It is important that the builder or subcontractor undertake their own hazard identification and risk control process relevant for each particular task.

It is highly recommended that persons who are responsible for preparing and reviewing SWMS undertake training so as to understand the process of identifying and controlling risks in the workplace.

Remember: Each SWMS should be site specific. Include all workers in the development of the SWMS.

All workers should sign off to verify that they understand all the requirements of this Safe Work Method Statement.

NOTE : Work must be performed in accordance with this 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, all versions 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.

(PCBU Name, ABN, Office Address and Phone)		Principal Contractor (PC)	(Name, ABN, Office Address)
Works Manager: Contact phone:		Date SWMS provided to PC:	
Work activity:		Workplace location:	
High risk construction work:	<input type="checkbox"/> Risk of a person falling more than 2 metres	<input type="checkbox"/> Work on a telecommunication tower	<input type="checkbox"/> Demolition of load-bearing structure
	<input type="checkbox"/> Likely to involve disturbing asbestos	<input type="checkbox"/> Temporary load-bearing support for structural alterations or repairs	<input type="checkbox"/> Work in or near a confined space
	<input type="checkbox"/> Work in or near a shaft or trench deeper than 1.5 m or a tunnel	<input type="checkbox"/> Use of explosives	<input type="checkbox"/> Work on or near pressurised gas mains or piping
	<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 that may have a contaminated or flammable atmosphere
	<input type="checkbox"/> Tilt-up or precast concrete elements	<input type="checkbox"/> Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians	<input type="checkbox"/> Work in an area with movement of powered mobile plant
	<input type="checkbox"/> Work in areas with artificial extremes of temperature	<input type="checkbox"/> Work in or near water or other liquid that involves a risk of drowning	<input type="checkbox"/> Diving work
Have workers been consulted about the SWMS? Note: Consultation with Health and Safety Representatives (HSRs) should be undertaken where there is a HSR at a workplace	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Person/s responsible for ensuring compliance with SWMS:		Date SWMS received:	
What measures are in place to ensure compliance with the SWMS?			
Person responsible for reviewing SWMS control measures:		Date SWMS received by reviewer:	
How will the SWMS control measures be reviewed?			
Review date:		Reviewer's signature:	



What are the tasks involved?	What are the hazards and risks?	What are the control measures?
List the work tasks in a logical order.	Identify the hazards and risks that may cause harm to workers or the public.	Describe what will be done to control the risk. What will you do to make the activity as safe as possible?

Name of Worker/s	Worker signature/s
Date SWMS received by workers	

PLEASE NOTE: *It may be necessary to use more than one page to complete an adequate safe work method statement (SWMS).*