

Review of Safe Work Method Statements (SWMS)

This checklist provides information to assist **Mackay Regional Council** in reviewing Safe Work Method Statements for both Council and their contractors and to meet their WHS legislative obligation in this regard. Actions are to be taken to address any issues identified prior to commencing the High risk task; the completed checklist shall be included in the work file and kept with the SWMS records.

Contractor:

Contract Name & Number:

MRC Reviewer:

Position:

Signature: **Date:**

High Risk Work (Tick the relative high risk work/s involved in the task)				
<p>WORK ACTIVITY High risk construction work covered by this SWMS involves (check applicable high risk construction work activities):</p>	<input type="checkbox"/>	A risk of a person falling more than 2metres	<input type="checkbox"/>	Tilt-up or precast concrete
	<input type="checkbox"/>	Work in or near a shaft or trench with an excavated depth over 1.5m; or in a tunnel	<input type="checkbox"/>	Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor that is in use by traffic other than pedestrians
	<input type="checkbox"/>	Work in an area at a workplace in which there is any movement of powered mobile plant	<input type="checkbox"/>	Work in an area that may have a contaminated or flammable atmosphere
	<input type="checkbox"/>	The disturbance of or likely disturbance of asbestos	<input type="checkbox"/>	Work on a telecommunications tower
	<input type="checkbox"/>	Work on or near energised electrical installations or services	<input type="checkbox"/>	Work on or pressurised gas distribution mains or piping
	<input type="checkbox"/>	Work carried out in or near a confined space	<input type="checkbox"/>	Work on or near chemical, fuel or refrigerant lines
	<input type="checkbox"/>	Demolition of a load-bearing structure	<input type="checkbox"/>	Work in an area in which there are artificial extremes of temperature
	<input type="checkbox"/>	Temporary load-bearing support structures	<input type="checkbox"/>	Work in or near water or other liquid that involves a risk of drowning
	<input type="checkbox"/>	Work involving the use of explosives	<input type="checkbox"/>	Diving work

SWMS Checklist

No	Safe Work Method Statements – the following should be included:	Y	N	Comments
1	Details the name, address and ABN (if they have one) of PCBU doing the work?	<input type="checkbox"/>	<input type="checkbox"/>	
2	Is the SWMS signed and dated by the PCBU representative?	<input type="checkbox"/>	<input type="checkbox"/>	
3	Does it identify all of the High Risk construction work to be carried out (see above)?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Is it clear who will provide training, instruction and supervision to the workers involved in the task- typically the supervisor of the works?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Identifies the skills and manpower required; licences, qualifications, training applicable to the work to be undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Identifies the resources required to complete the task- Plant and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
7	Describes the task / activity/ work to be performed and is set out in a logical sequence or job steps?	<input type="checkbox"/>	<input type="checkbox"/>	
8	Specifies the hazards related to each step of the high risk construction work and the risk to health and safety from those hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
9	Describes the methods used to control the risks? In particular what needs to be put in place to eliminate or minimise/ control the risks to an acceptable level?	<input type="checkbox"/>	<input type="checkbox"/>	

10	Do the control measures give clear direction on what is to be implemented?- there should be no statements that require decision by the worker/ supervisor Eg; 'use appropriate PPE' does not detail the control measures required- it should state the actual PPE.	<input type="checkbox"/>	<input type="checkbox"/>	
No	Safe Work Method Statements –high risk construction work- the following should be included:	Y	N	Comments
11	Is the hierarchy of control used when developing controls for the task? Eg; Elimination, Engineering etc	<input type="checkbox"/>	<input type="checkbox"/>	
12	Identifies the measures in place to ensure compliance with the SWMS? Describes how the control measures are to be implemented, monitored and reviewed- this could include inspections and observation of the work- If the work is not done to the SWMS -work is stopped immediately and SWMS reviewed and changed ?	<input type="checkbox"/>	<input type="checkbox"/>	
13	If it's a generic SWMS is there scope or area to address site/ workplace specific hazards and controls?	<input type="checkbox"/>	<input type="checkbox"/>	
14	Is there evidence of worker consultation, including who was consulted, a date and signature of each worker acknowledging their participation in developing the SWMS?	<input type="checkbox"/>	<input type="checkbox"/>	
15	Is there an area in the SWMS for change management? - have all hazards involved in the change been identified and are adequate controls implemented for the change?	<input type="checkbox"/>	<input type="checkbox"/>	
16	Is there a review section in the SWMS? Does it include a sign on area that proves all workers involved in the task have been consulted on the change and or revised SWMS?	<input type="checkbox"/>	<input type="checkbox"/>	
17	Is there a section stating; 'All work must be completed as per the SWMS' or similar?	<input type="checkbox"/>	<input type="checkbox"/>	
18	Can the SWMS be easily read by the Principle contractor, supervisor and all workers carrying out the work?	<input type="checkbox"/>	<input type="checkbox"/>	
19	Does the SWMS include a section for emergency rescue procedures?			
No	Safe Work Method Statements for a construction project must also include:	Y	N	Comments
20	Details the name of the principle contractor?	<input type="checkbox"/>	<input type="checkbox"/>	
21	Details the address where the high risk construction work will be carried out?	<input type="checkbox"/>	<input type="checkbox"/>	
22	Includes the date the SWMS was prepared and the date it was provided to the principle contractor?	<input type="checkbox"/>	<input type="checkbox"/>	
23	Includes any review dates and or versions (if any)?	<input type="checkbox"/>	<input type="checkbox"/>	
24	Does the SWMS take into account and reference the Project WHS Management Plan provided by the Principle Contractor?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments / Findings				
Refer No	Non conformance	Suggested Improvement		