

Safe Work Method Statement

Part 1 – Task Location and Description

Task description	<input type="text"/>	Work area	<input type="text"/>
Location	<input type="checkbox"/> Darwin <input type="checkbox"/> Alice Springs <input type="checkbox"/> Tenant Creek <input type="checkbox"/> All ADG	Date	<input type="text"/>
Permits required	<input type="checkbox"/> PERCOW <input type="checkbox"/> Hot Work <input type="checkbox"/> Confined Space <input type="checkbox"/> Electrical <input type="checkbox"/> Fire Impairment <input type="checkbox"/> Excavation <input type="checkbox"/> Other		<input type="text"/>
Hazardous tasks <i>See the Take 5 risk assessment for examples</i>	<input type="checkbox"/> Mechanical <input type="checkbox"/> Chemical <input type="checkbox"/> Heat and cold <input type="checkbox"/> Electrical <input type="checkbox"/> Manual handling <input type="checkbox"/> Biological <input type="checkbox"/> Radiation		<input type="text"/>
List the current applicable procedures and/or drawings	<input type="text"/>		

Part 2 – SWMS Developed By

Company name	<input type="text"/>	Your name	<input type="text"/>	Your position	<input type="text"/>
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Part 3 – Task Breakdown and Analysis

Job Step	Identified Hazards	Controls
1.		
2.		

Job Step	Identified Hazards	Controls
3.		
4.		
5.		
6.		
7.		
8.		

Job Step	Identified Hazards	Controls
9.		
10.		
11.		
12.		
13.		
14.		

Part 4 – Signatures

Name	<input type="text"/>	Name	<input type="text"/>	Name	<input type="text"/>
Company & position	<input type="text"/>	Company & position	<input type="text"/>	Company & position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>	Name	<input type="text"/>
Company & position	<input type="text"/>	Company & position	<input type="text"/>	Company & position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>	Name	<input type="text"/>
Company & position	<input type="text"/>	Company & position	<input type="text"/>	Company & position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>	Name	<input type="text"/>
Company & position	<input type="text"/>	Company & position	<input type="text"/>	Company & position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>	Date	<input type="text"/>

Part 5 – ADG Health and Safety Manager Approval

Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
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Please email this completed form to safety@adgnt.com.au, or click