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***Appendix 11 – RMIT Safe Work Method Statement***

**DETAILS**

|  |  |
| --- | --- |
| **Name(s):** *(of assessors; include name and position of employee, management rep, health and safety rep and/or contractor)* | **Date: / /**  |
| 1.  |  | 3. |  | 5.  |  |
| 2.  |  | 4. |  | 6.  |  |

|  |
| --- |
| **Description of activity:** |
|  |
| **Location of task:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Permit to work requirement? (e.g., confined spaces, hot works, working at heights etc…)** |  | **Yes** |  | **No** | **Approved by:** *(name and position)* |  |

**(If *yes* add type of permits required to Tasks Column)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tasks***List the tasks required to perform the activity in the sequence they are carried out.* | **Hazards***Against each task list the hazards that could cause injury when the task is performed.* | **Risk Control Measures***List the control measures required to eliminate or minimize the risk of injury arising from the identified hazard.* | **Responsibility***Write the name of the person responsible (supervisor or above) to implement the control measure identified.* |
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**SGNATURES** *(where applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Manager:** |  | **Employee:** |  |
| **HSR:** |  | **Contractor/s:** |  |
| **PERSONNEL INDUCTED:** *(Signatures of employees trained in the work covered by this SWMS. Add pages as necessary)* | **EMPLOYER:** *(Name of Company)* |
| **PRINT NAME** | **SIGNED** | **EMPLOYER** | **DATE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **COORDINATED BY:** |
| **NAME:** *(Please print)* |
| **SIGNED:** | DATE: / /  |