

PERCOW Specific – Safe Work Method Statement – (SWMS)

Reviewer
Checklist
(Office
Use Only)

1. Company Name: <input style="width: 90%;" type="text"/>	2. ABN: <input style="width: 90%;" type="text"/>	<input type="checkbox"/>																	
3. Company Address: <input style="width: 100%;" type="text"/>			<input type="checkbox"/>																
4. Project/Contract Name: <input style="width: 90%;" type="text"/>	5. PERCOW No: <input style="width: 90%;" type="text"/>	<input type="checkbox"/>																	
6. Description of Works: <input style="width: 100%; height: 30px;" type="text"/>			<input type="checkbox"/>																
7. Required Licences, Certificates, Competencies, Permits or WHS Authorities: <i>(both contractor & individual)</i>			<input type="checkbox"/>																
<input style="width: 100%; height: 30px;" type="text"/>			<input type="checkbox"/>																
8. Required Training: <i>(specific competencies required to perform this work, other than identified above)</i>			<input type="checkbox"/>																
<input style="width: 100%; height: 30px;" type="text"/>			<input type="checkbox"/>																
9. Personal Protective Equipment (PPE): <i>(tick PPE required)</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">Safety footwear</td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">Safety helmet</td> <td style="width: 25%;"><input type="checkbox"/></td> </tr> <tr> <td>Hi Vis</td> <td><input type="checkbox"/></td> <td>Other *</td> <td><input type="checkbox"/></td> </tr> </table>	Safety footwear	<input type="checkbox"/>	Safety helmet	<input type="checkbox"/>	Hi Vis	<input type="checkbox"/>	Other *	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">Respirator *</td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">Hearing protection</td> <td style="width: 25%;"><input type="checkbox"/></td> </tr> <tr> <td>Eye protection</td> <td><input type="checkbox"/></td> <td>Gloves</td> <td><input type="checkbox"/></td> </tr> </table>	Respirator *	<input type="checkbox"/>	Hearing protection	<input type="checkbox"/>	Eye protection	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>
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Eye protection	<input type="checkbox"/>	Gloves	<input type="checkbox"/>																
<i>Ensure all workers are trained in the use & maintenance of all PPE required for the task</i>			<input type="checkbox"/>																
<i>* Provide specific details of PPE required:</i>			<input type="checkbox"/>																
<input style="width: 100%; height: 30px;" type="text"/>			<input type="checkbox"/>																
10. Emergency Procedures/Resources: <i>(specific to this SWMS)</i>			<input type="checkbox"/>																
<input style="width: 100%; height: 30px;" type="text"/>			<input type="checkbox"/>																
11. Additional Requirements or Notes:			<input type="checkbox"/>																
<input style="width: 100%; height: 30px;" type="text"/>			<input type="checkbox"/>																
12. Supervision: <i>(detail below the way the activity will be supervised)</i>			<input type="checkbox"/>																
<input style="width: 100%; height: 30px;" type="text"/>			<input type="checkbox"/>																
13. Monitoring and Review: <i>(detail below the way the control measures for this activity will be monitored and reviewed)</i>			<input type="checkbox"/>																
<input style="width: 100%; height: 30px;" type="text"/>			<input type="checkbox"/>																
14. Person responsible for implementing, monitoring and reviewing this SWMS:			<input type="checkbox"/>																
Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	<input type="checkbox"/>																	

