SAFE WORK METHOD STATEMENT FOR STRUCTURAL ALTERATIONS AND REPAIR WORK

SAFE WORK METHOD STATEMENT INCORPORATES RISK ASSESSMENT

Client/Principal Contractor	Insert client and/or PC name	Project Address:	Insert the project's address
Company Address:	Insert your company address	Phone Number:	Insert your busine number
SWMS Prepared By:	Insert person	In Consultation With:	Refer to Juon and Sign-Off Record
SWMS Approved By:	Insert person	Distribution To:	All person wed in the work scope
SWMS Date:	Insert date	Review	d 12 mo .equired
Person(s) responsible for implementing, monitoring and compliance to the SWMS:	Insert person(s)	pol Per) Te l	person's number
Work Scope Description:	Work involving structural ons of This task is closed as a 'L Regulation.	th nuire temp ti n under s	boran ACCE Scollapse. IK Health and Safety
Person(s) responsible for implementing, monitoring and compliance to the SWMs: Insert person(s) boo Per person per			
Details of insections and main ce checks required for this common the section of	tions to ' NOV	mporary support and bra d out on tools and equipr	cing systems. nent.
Are there any that may aff	P ORDEray with all additional safe work procedures, plans, rules and instructions given by an c order of the workplace.		
Legislative Refer	 Work Health and Safety Act Work Health and Safety Regulation How to Manage Work Health and Safety Risks Code of Practice Managing Risks of Hazardous Chemicals in the Workplace Code of Practice Work Health and Safety Consultation, Co-Operation and Co-Ordination Code of Practice Steel Construction Code of Practice Australian Standard 1170 – Structural Design Actions - General Principles 		



Insert your company logo or company name here

