Note: This Checklist **must** be completed for each and every SWMS for High Risk Construction Work submitted.

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| **Part 1 - Safe Work Method Statement Details** |
| **Project name: Chatswood Chase Redevelopment** |
| **Company name:** | **Revision #:** |
| **Company name of Managing Subcontractor other than Multiplex:** | **Managing Subcontractor site contact Name:****Mobile phone number:** |
| **SWMS Title:** |

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| **Part 2 – Identification of High Risk Construction Work – (Clause 291 WHS Regulation)** |
|  | involves a risk of a **person falling more than 2 metres** |  | is carried out on or near **chemical, fuel or refrigerant** lines |
|  | is carried out on a **telecommunication tower** |  | is carried out on or near **energised electrical**installations or services |
|  | involves **demolition** of an element of a structure that is load-bearing or otherwise related to the physical integrity of the structure |  | is carried out in an area that may have a**contaminated or flammable** atmosphere |
|  | involves, or is likely to involve, the disturbance of**asbestos** |  | involves **tilt-up or precast concrete** |
|  | involves structural alterations or repairs that require**temporary support** to prevent collapse |  | is carried out on, in or **adjacent to a road, railway,****shipping lane or other traffic corridor** that is in use by traffic other than pedestrians |
|  | is carried out in or near a **confined space** |  | is carried out in an area at a workplace in which there is any movement of **powered mobile plant** |
|  | is carried out in or near: a shaft or trench with an**excavated** depth greater than 1.5 metres, or a **tunnel** |  | is carried out in an area in which there are **artificial extremes of temperature** |
|  | involves the use of **explosives** |  | is carried out in or near water or other liquid that involves a risk of **drowning** |
|  | is carried out on or near **pressurised gas** distribution mains or piping |  | involves **diving work** |

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| **Part 3 -Safe Work Method Statement Requirements** | **Page No.** | **Content*** **- Yes,**

 **- No N/A** |
| 1 | Identifies a **SWMS document no., revision** and **date of revision.** |  |  |
| 2 | Identifies the correct **project name, organisation name and ABN number.** |  |  |
| 3 | Describes the **activity/work** to be undertaken. |  |  |
| 4 | Includes the name and position of the person who has **prepared** and **approved** the SWMS. |  |  |
| 5 | Includes the name and position of the person who responsible for **ensuring compliance** with SWMS |  |  |
| 6 | Includes the names of individuals who were **consulted and involved in the development** of theSWMS. |  |  |
| 7 | Includes a **step-by-step sequence** for undertaking the activity/work. |  |  |
| 8 | Identifies **the hazards** associated with each step. |  |  |
| 9 | Identifies the **potential risks** associated with each hazard. |  |  |
| 10 | Identifies the **control measures** for each individual risk, in accordance with the hierarchy of controls. |  |  |
| 11 | Identifies the **control measures** outlined from trade/element risk workshop (where applicable). |  |  |
| 12 | Identifies the **positions of personnel** responsible for each control measure. |  |  |

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| **Part 3 -Safe Work Method Statement Requirements** | **Page No.** | **Content*** **- Yes,**

 **- No N/A** |
| 13 | Identifies any **pre-starts requirements, certification, authorisations or permits** required for the activity/work. |  |  |
| 14 | Identifies **plant, tools and equipment** that will be required to undertake the activity/work. |  |  |
| 15 | Identifies specific **competencies and training** required to undertake the activity/work. |  |  |
| 16 | Includes the provision of a statement of acknowledgement that workers performing the tasks have been **inducted** in the SWMS including a section for workers and trainers name and signature. |  |  |
| 17 | Includes **task-specific emergency rescue procedures** if applicable (e.g. confined space, retrieval from height, etc.) |  |  |
| 18 | Identifies steps and controls for working in and around powered mobile plant. |  |  |
| 19 | Identifies steps and controls for materials handling including manual handling principles and glass handling.  |  |  |
| 20 | Identifies steps and controls for the use of an elevated working platform (if applicable). |  |  |

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| **Part 4 - Summary SWMS deficiencies** | **Page No.** | **Signoff** | **Date** |
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| **Part 5 - Reviewed and familiar with all elements in the SWMS (MPX Supervisors to Complete)** |
| **Name** | **Signature** | **Date of Review** |
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| **Part 6 – First Review of SWMS** |
| **Supervisor Name:** | **Signature:** | **Date:** |
|  **Acceptable** - Subcontractor permitted to commence |  **Rejected** - Subcontractor not permitted to commence Address comments and resubmit |

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| **Part 7 - Final Acceptance of SWMS (Site Manager or in their absence their delegate to complete)** |
| **Name:** | **Signature:** | **Date:** |
|  **Acceptable -** Subcontractor permitted to commence |  **Rejected** - Subcontractor not permitted to commence Address comments and resubmit |