

PERCOW Specific -Safe Work Method Statement – (SWMS)

l	NVA					
	Form AO2					

Safe Work Method	Statem	ent – (9	SWN	1 S)		Reviewer Checklist (Office Use Only)		
1. Company Name:				2. ABN	:			
3. Company Address:								
4. Project/Contract Name:				5. PERC	COW No:			
6. Description of Works:								
7. Required Licences, Certificates, Competen	cies, Permits or W	/HS Authorities	s: (both co	ntractor & individual)				
8. Required Training: (specific competencies re	quired to perform t	his work, other t	than identi	fied above)				
9. Personal Protective Equipment (PPE): (tick PPE required)	Safety footwear	Safety helmet		Respirator *	Hearing protection			
Ensure all workers are trained in the use & maintenance of all PPE required for the task	Hi Vis	Other	*	Eye protection	Gloves			
* Provide specific details of PPE required:								
10. Emergency Procedures/Resources: (specific	ic to this SWMS)					1		
11. Additional Requirements or Notes:								
12. Supervision: (detail below the way the activity will be supervised)								
13. Monitoring and Review: (detail below the way the control measures for this activity will be monitored and reviewed)								
14. Person responsible for implementing, mo	onitoring and revi		_					
Name:		Po	osition:					



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15. Work Method:												
(a) Sequence	Hazard					Control Measures Eliminate→Substitute→Isolate→Engineer→Administrate→PPE						
of Job Steps (what to do in the right order)	(b) NQA Work Activity Category (identified on PERCOW section 2.a)		(c) Describe the specific hazards and risks relating to the NQA Activity		(d) Describe the control measure to control the risks and how they are to be implemented			Reviewer Checklist (Office Use Only)				
16. SWMS Development / Review Register Workers are required to sign this register to indicate they were involved in the development of the SWMS for the Description of Works identified above and that they have received training (toolbox talk, formal training) in its implementation.												
Name Signature				ure	Date							
17. Approval / Training / Competence Confirmation As the contractor/contractor supervisor responsible for this SWMS, I confirm that the control measures detailed above reflect the work to be undertaken, that training (e.g. toolbox talk) has been provided to workers in its implementation (including emergency procedures and PPE) and the competence of workers.												
Contractor / Contractor Supe	Name:		Position:		Signature:	Date:						