

AA My HSEQ Management System MASTER

SAFE WORK METHOD STATEMENT CHECKLIST

Date:

Contractor Performing the Task:

Compliant	C	Improvement Possible	IMP	Non Compliant		NCR	Not Applicable	N/A
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Verify Each of the Following:		Validated
1	Name of Contractor, address, contact details and ABN	<input type="text"/>
2	Name of Principal Contractor, address, contact details and ABN	<input type="text"/>
3	Job site address	<input type="text"/>
4	Scope of Works as per subcontractor agreement	<input type="text"/>
5	Must acknowledge to abide by Principal Contractors Management Plan	<input type="text"/>
6	Must nominate HOW the subcontractor proposes to discharge his obligations for Workplace Health & Safety e.g. Test and tag (including how often), length of leads, use of ladders i.e. Work at Heights	<input type="text"/>
7	Give details of use of equipment, access, scaffold, manual handling	<input type="text"/>
8	Provide details of implementation of control measures	<input type="text"/>
9	How will the above control measures be monitored	<input type="text"/>
10	Acknowledge all workers have a Workplace Health & Safety Blue Induction card including details of staff names and general induction number	<input type="text"/>
11	Give details of each High Risk Activity <ul style="list-style-type: none"> - Work in a trench 1.5m or more - Use of explosives - Access to confined spaces - Use of hazardous substances - Work where a person can fall and be injured - Any activity where a worker can sustain serious bodily injury - Registrable plant (cranes, forklift, concrete pump, excavator, bobcat) - Prescribed occupation (scaffold, rigger, dogger, forklift operator, crane operator) 	<input type="text"/>
12	Has S/C Senior Mgt signed off on their responsibilities?	<input type="text"/>
13	Have all S/C workers been inducted into the plan and signed off accordingly including PPE Issue?	<input type="text"/>
14	Has the S/C included details of Toolbox Meetings (or equivalent) to be conducted by them?	<input type="text"/>
15	Are SDS for hazardous substances to be used by the S/C included? If so, are all SDS less than 5 years old?	<input type="text"/>
16	Is there a procedure for Health Monitoring of S/C workers to be exposed to Class 1 risk substances?	<input type="text"/>
17	Are relevant SWMS either included or referenced in plan?	<input type="text"/>
18	Has the S/C detailed their processes for reviewing the WMS/JSA's of their Sub tier S/C and Suppliers and for ensuring compliance?	<input type="text"/>
19	Must be signed by the subcontractor and the Principal Contractor.	<input type="text"/>

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Plant & Equipment		
1	Is there a Plant Risk Assessment included for Plant to be used on site?	<input type="text"/>
2	Are plant servicing and maintenance schedules/programs included?	<input type="text"/>
3	Is there a SWMS for plant servicing/maintenance activities included if this is to be conducted on site?	<input type="text"/>
4	Is there a SWMS for plant refuelling activities included if this is to be conducted on site?	<input type="text"/>
Incidents		
1	Is a procedure/plan for responding to accidents & incidents included	<input type="text"/>
	If so, does the procedure/plan include the response to minimise the environmental impacts of incidents?	<input type="text"/>
2	Are alternate duties available to the S/C workers?	<input type="text"/>
Environmental Issue		
1	Does Contractor address issues adequately including prevention of damage to flora & fauna, silt barriers and chemical spills	<input type="text"/>
	Quality Issue	<input type="text"/>
1	Does Contractor have QA System in place	<input type="text"/>
2	If not have relevant ITP pages been issued	<input type="text"/>
	TOTAL	<input type="text" value="/"/>
	If you cannot adhere to Compliance to all of the above, then the Safe Work Method Statement does not comply.	<input type="text"/>

Is the SWMS compliant

IF NO ISSUE WORK IMPROVEMENT NOTICE

Name: