



RISK RATING 1 HIGH 2 MEDIUM 3 LOW	SAFE WORK METHOD STATEMENT Title: : Ref No: 1	I approve the use of this Safe Work Method Statement: NAME: _____ POSITION: Department Manager SIGNATURE: _____ DATE: ___/___/___
		Work Site/Project/Depot:
Critical Steps in this Activity:	Potential Hazards:	Safety Controls:
• MEDIUM	•	•
• MEDIUM	•	•
• MEDIUM	•	•
• MEDIUM	•	•
• MEDIUM	•	•
• MEDIUM	•	•

• • MEDIUM	•	•
• • MEDIUM	•	•
• • LOW	•	•
• • LOW	•	•

License/Training		List Plant-Equipment	
Drivers License Work Activity Induction Red Card			
List: /Personal Protective Equipment required for this Activity	List Equipment Maintenance Checks required for this Activity	Engineering Certificates	Hazardous Substance
<i>Hi visibility clothing</i> <i>Ear Protection</i> <i>Chaps</i> <i>Sunscreen</i> <i>Combination Helmet</i> <i>Safety Boots</i>		Type	Type

Duties & Responsibilities

To ensure the safety of co-workers and general public. To report all incidents and near misses to team leader. Ensure equipment is in safe working order. Perform safety checks of equipment

