

| Section Information to be included | Information to be included |
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| 1. Company Name: | Name of organisation, company or individual. |
| 2. ABN: | Australian Business Number (ABN) if applicable. |
| 3. Company Address: | Address of organisation, company or individual. |
| 4. Project or Contract Name: | Project to which the SWMS applies. |
| 5. Permit to Work (PERCOW) No.: | PERCOW to which the SWMS applies. |
| 6. Description of Works: | Description of the contract, task, operation or activity being undertaken. |
| 7. Require Licences, Certificates or Competencies, Permits or WHS Authorities: | Provide details of any licence, certificate or competency required to carry out this task, operation or activity for either the contractor or individual. |
| 8. Required Training: | Provide details of any specific competencies or training required to perform the work, other than identified in 7. above. |
| 9. Personal Protective Equipment: | Tick the appropriate boxes for details of required personal protective equipment. Where required, provide specific details of the PPE required e.g. type of respirator. |
| 10. Emergency Procedures/Resources | Detail any emergency procedures or resources relevant to this task, operation or activity. |
| 11. Additional Requirements or Notes: | Detail any additional requirements or notes which are applicable to this task, operation or activity. Included in this section will be: <ul style="list-style-type: none"> • any specific access or egress requirements; • approvals, special notices or permits required; • engineer or other certifications; • inspections by engineers or authorities; • specific timing or coordination requirements. |
| 12. Supervision: | Detail the way in which the activity is to be supervised. |
| 13. Monitoring & Review: | Detail the method by which the task, operation or activity will be monitored and reviewed. |
| 14. Person responsible for implementing, monitoring and reviewing this SWMS | Include the name and position of the person responsible for implementing, monitoring and reviewing this SWMS. |
| 15. Work Method: | |
| 15(a) Sequence of Job Steps <i>(what to do in the right order)</i> | Break the job down into steps. Each of the steps of a job should accomplish some major task. The task will consist of a set of movements. Look at the first set of movements used to perform a task and then determine the next logical set of movements. Be sure to list all the steps in a job. Some steps might not be done each time. However, that task is a part of the job as a whole and should be listed and analysed. |
| 15(b) NQA Work Activity Category <i>(identified in PERCOW section 2a)</i> | For each job step, identify the NQA Work Activity Category applicable to that step. If there is no NQA Work Activity Category applicable to that step, then an entry of “not applicable” is appropriate. |
| 15(c) Describe the specific hazards and risks relating to the NQA activity | Describe the specific hazards and risks. If there is no NQA Work Activity category applicable, then leave blank. |
| 15(d) Control Measures | Using the first two columns as a guide, decide what actions are necessary to eliminate or minimise the specific hazard and risk. remember to apply your control options in the following order: <ol style="list-style-type: none"> 1) Remove the hazard completely; 2) Substitute the hazard for one with less risk; 3) Isolate the hazard; 4) Use an engineered control; 5) Use administrative controls such as work procedures; 6) Provide personal protective equipment (PPE). <p>Note PPE should be the last barrier to protect people when all else fails. List recommended safe operating procedures on the form and also list required or recommended personal protective equipment for each step.</p> <p>Be specific. Say exactly what needs to be done to control the hazard.</p> <p>Avoid general statements like “worker to take care”.</p> <p>Give a recommended action or procedure for every hazard.</p> <p>If there is no NQA Work Activity category applicable, then leave blank.</p> |
| 16. SWMS Development/Review Register: | All workers performing the task or activity are to indicate that they were consulted in the development of the document and they have read, understood and will adhere to the document by including their name and signature and the date signed. |
| 17. Approval/Training/Competence Confirmation: | Include the name, position, signature and date of the person confirming that the control measures detailed in the SWMS 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. |