








The contractor must complete a Safe Work Method Statement (SWMS) or equivalent prior to the commencement of any high-risk work.

Safe Work Method Statement Air Conditioning

Name of Contractor responsible for compliance with SWMS:		Date:	
Company name:	Gasgroup	Workplace location:	
High risk job description		Completion of Confined Space Entry Permit?	Yes <input type="checkbox"/> N/A <input type="checkbox"/> (n/a should only be selected when not working in a confined space)
Personal Protective Equipment (PPE) required to complete the job			
 Gloves <input type="checkbox"/>	 Face mask <input type="checkbox"/>	 Eye protection <input type="checkbox"/>	 Welding mask <input type="checkbox"/>
 Appropriate footwear <input type="checkbox"/>	 Hearing protection <input type="checkbox"/>	 Protective clothing <input type="checkbox"/>	
What are the tasks involved? Describe the steps required to perform the task in the sequence they are carried out.	What are the hazards and risks? Against each step list the potential hazards that could cause injury/damage when the task step is performed.		How will hazards and risks be controlled? List the control measure required to eliminate or minimise the risk of injury arising from the identified hazard, see Contractor Hazard Identification and Control Table .
Planning & Preparation	<ul style="list-style-type: none"> -Injury to self and others -Working around Asbestos 		<ul style="list-style-type: none"> -Suitable weather conditions -Safe access to equipment & materials -Ensure work area is clear -Asbestos materials identified and labeled

Safe Work Method Statement

Sign off	Name	Signature	Date
I have provided site-specific risk controls to manage the hazards identified above and will comply with the controls listed above.			
Contractor:			
I understand the risk controls listed above will be implemented to manage the identified hazards associated with the works to be undertaken.			
Workplace Manager and/or Management OHS Nominee:			

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Safe Work Method Statement

Electrical

Name of Contractor responsible for compliance with SWMS:		Date:	
Company name:	Gasgroup	Workplace location:	
High risk job description		Completion of Confined Space Entry Permit?	Yes <input type="checkbox"/> N/A <input type="checkbox"/> (n/a should only be selected when not working in a confined space)

Personal Protective Equipment (PPE) required to complete the job

 Gloves <input type="checkbox"/>	 Face mask <input type="checkbox"/>	 Eye protection <input type="checkbox"/>	 Welding mask <input type="checkbox"/>	 Appropriate footwear <input type="checkbox"/>	 Hearing protection <input type="checkbox"/>	 Protective clothing <input type="checkbox"/>
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Planning & Preparation	Injury to others in the area Electrocution Working around Asbestos	-Check work area, location of materials, storage areas and surrounding activities. -Locate existing circuits and isolate before commencing works (tag and lockout procedure) -Inspect area for any exposed wiring -Asbestos materials identified and labeled.

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Workplace Manager and/or Management OHS Nominee:			

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Safe Work Method Statement Heating & Gas

Name of Contractor responsible for compliance with SWMS:		Date:	
Company name:	Gasgroup	Workplace location:	
High risk job description		Completion of Confined Space Entry Permit?	Yes <input type="checkbox"/> N/A <input type="checkbox"/> (n/a should only be selected when not working in a confined space)
Personal Protective Equipment (PPE) required to complete the job			
 Gloves <input type="checkbox"/>	 Face mask <input type="checkbox"/>	 Eye protection <input type="checkbox"/>	 Welding mask <input type="checkbox"/>
 Appropriate footwear <input type="checkbox"/>	 Hearing protection <input type="checkbox"/>	 Protective clothing <input type="checkbox"/>	
What are the tasks involved? Describe the steps required to perform the task in the sequence they are carried out.	What are the hazards and risks? Against each step list the potential hazards that could cause injury/damage when the task step is performed.	How will hazards and risks be controlled? List the control measure required to eliminate or minimise the risk of injury arising from the identified hazard, see Contractor Hazard Identification and Control Table .	
Planning & Preparation	Injury to self and others in the area Working Around Asbestos	-Check work area, identify risks, and take appropriate action. -Asbestos materials identified and labeled.	

Safe Work Method Statement

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Installation & Maintenance	Falls Back injuries Electric shock Cuts and abrasions Gas Leaks Other injuries	<ul style="list-style-type: none"> -Ensure ladders are in good condition, set up correctly and secured. -Ensure work area is clear -Use suitable trolleys to move equipment. -Minimize continuous bending where possible -When working in ceiling spaces: -Do not stand on fragile areas -Walk along planks or crawl if required. -Electrical leads in good condition -Wear gloves when necessary -Test pipes to ensure no gas leaks -Wear appropriate Personal Protective Equipment

Safe Work Method Statement

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Workplace Manager and/or Management OHS Nominee:			