

APPENDIX 2

OHS SAFE WORK METHOD STATEMENT CHECKLIST FORM

W: OHS SWMS Checklist

This form is to be used by Project Managers to ensure Safe Work Method Statements prepared by trade contractors are compliant with AS4801. Completed forms are to be sent to admin.sc@inh.com.au and action taken where necessary. It is designed as a “tick box” form but space does allow for written comments. INH as the Principal Contractor is responsible for monitoring SWMS to ensure all parties whom the SWMS applies to are in compliance. A generic SWMS for a high-risk construction activity can be used on sites where the activity is performed in the same way in the same or similar situations. This does not apply to a prescribed activity.

Site Address: _____ Contractor: _____ Project Manager: _____ Inspection Date: _____

ITEM	STATUS		RECTIFY NOTES	COMPLETED	
	STATUS	STATUS		TARGET DATE FOR RECTIFICATION	DATE COMPLETED
	OK	NOT OK			
Is ABN stated?					
Is business/sole trader name stated?					
Is form signed and dated?					
Is the high risk construction activity stated?					
Is the prescribed occupation stated (if tasks performed by a prescribed occupation)?					
Is the SWMS kept with the construction safety plan?					
Are specific control measures stated which comply with OHS obligations for the task/s to be performed?					
Are there statements of how the task will be completed including specific control measures to be used?					
Is there a statement of how control measure effectiveness will be monitored and reviewed?					