

**Capital Cranes
Safe Work Method Statement Checklist**



Capital Cranes Pty Ltd		Review Date:	
Office Address:			
Phone No:		ABN	
SWMS Title:			
Revision No:		Revision Date:	

This SWMS checklist must accompany the SWMS and be completed, signed and submitted to the client for review and approval prior to any High Risk Construction Works commencing

Item	Author Checklist Criteria – Mandatory Items 01 - 13	Complies
01	Does the SWMS identify the relevant task specific High Risk Construction Work? <i>(As prescribed in clause 299 (a) of the Work Health and Safety Regulation ACT 2011)</i>	Y/N
02	Does the SWMS include the specific Hazards related to the High Risk Construction Work? <i>(As described in clause 299 (b) of the Work Health and Safety Regulation ACT 2011)</i>	Y/N
03	Does the SWMS specify the job steps and risks to health and safety associated to those hazards?	Y/N
04	Does the SWMS describe the control measures to be implemented to control the hazards and risks? <i>(As described in clause 299 (c) of the Work Health and Safety Regulation ACT 2011)</i>	Y/N
05	Does the SWMS describe how control measures are to be monitored and reviewed? <i>(As described in clause 299 (d) of the Work Health and Safety Regulation ACT 2011)</i>	Y/N
06	Does the SWMS consider the circumstances at the workplace that may affect the way in which high risk construction work is carried out? (e.g. public, interacting trades, people & plant in the vicinity of the work)	Y/N
07	Does the SWMS provide for and identify consultation with the workers that will undertake the task?	Y/N
08	Has the name and position of the person/s who prepared and reviewed the SWMS been provided?	Y/N
09	Has the name and position of the person who has the responsibility to implement, monitor and review the control measures been provided?	Y/N
10	Does the SWMS identify the PCBU's / Sub PCBU's involved in the SWMS?	Y/N
11	Does the SWMS identify the address where the high risk construction work will be carried out?	Y/N
12	Does the SWMS include the date the SWMS was prepared and the date it was provided to the Principal Contractor?	Y/N

