## Capital Cranes Safe Work Method Statement Checklist



	Ca	ipital Cranes Pty Ltd	Review Date:		
Office	Address:				
Phone	No:		ABN		
SWMS	Title:				
Revision	on No:		Revision Date:		
This S	WMS checklist	must accompany the SWMS and b	e completed, signed ar	l nd submitted t	o the client
		v and approval prior to any <u>High R</u> i			
Item	Author Check	dist Criteria – Mandatory Items 01	- 13		Complies
01	Does the SWN	MS identify the relevant task specifi	c High Risk Constructio	n Work?	Y/N
	Does the SWMS identify the relevant task specific High Risk Construction Work?  (As prescribed in clause 299 (a) of the Work Health and Safety Regulation ACT 2011)				,
02				Y/N	
UZ	Does the SWMS include the specific Hazards related to the High Risk Construction Work?			1710	
		As described in clause 299 (b) of the Work Health and Safety Regulation ACT 2011)			
03		pes the SWMS specify the job steps and risks to health and safety associated to			Y/N
	those hazards	ose hazards?			
04	Does the SWMS describe the control measures to be implemented to control the				Y/N
	hazards and r	isks?			
		in clause 299 (c) of the Work Healtl			
05	Does the SWMS describe how control measures are to be monitored and reviewed?  (As described in clause 299 (d) of the Work Health and Safety Regulation ACT 2011)			Y/N	
06		In clause 299 (d) of the Work Healt MS consider the circumstances at th			Y/N
UB		high risk construction work is carrie	·		1/IN
	-	e & plant in the vicinity of the work		acting.	
				.111	>//A1
07	undertake the	MS provide for and identify consulta	ation with the workers	that will	Y/N
08		e and position of the person/s who p	orepared and reviewed	the SWMS	Y/N
	been provided	d?			
09	Has the name and position of the person who has the responsibility to implement,			Y/N	
	monitor and r	review the control measures been p	provided?		
10	Does the SWMS identify the PCBU's / Sub PCBU's involved in the SWMS?				Y/N
11	Does the SWN	MS identify the address where the h	nigh risk construction w	ork will be	Y/N
	carried out?				
12	Does the SWN	MS include the date the SWMS was	prepared and the date	it was	Y/N
		ne Principal Contractor?	•		

	Revision: 1	Date: 31/08/2016	Approved by: Digger Misner	Page 1 of 2
--	-------------	------------------	----------------------------	-------------

## Capital Cranes Safe Work Method Statement Checklist



12	Does the SWMS include the review	date?	,	Y/N
13	Does the SWMS provide for emerge	ncy procedures including rescue requirements	Y/I	N/NA
	for "High Risk Activities"			
13	Does the SWMS provide specific lice	ensing and qualifications required by workers for	Y/1	N / NA
	specific activities?			
14	Does the SWMS specify supervision,	, training and / or trialling required to enable the	Y/1	N/NA
	work to be done safely?			
Reviev	wed by: (Name):	(Signature): Date:	/	/
Follow	v up actions complete (Name):	(Signature): Date:	/	/
	/Comments			
□SW	MS has been reviewed – no comments	S		
	MS has been reviewed – issues shown	helow have been raised		
	vio nas seem reviewed issues shown	below have been raised		
Ite	ems marked "N" or "NA" above discus	sed / followed up		
Note:	SWMS must be prepared for High Ri	sk Construction Work as defined in WHS Regulati	ion 20	111
Note.	Swivis must be prepared for might kis	sk construction work as defined in with kegulati	1011 20	711.
Summ	nary of issues / discussions / follow up	<b>:</b>		

Revision: 1	Date: 31/08/2016	Approved by: Digger Misner	Page 2 of 2

Signature:

Signature:

Signature:

Reviewed by:

Sign Off:

Follow up actions completed: