PROBUILD | Forms

Environmental Health and Safety

SWMS REVIEW FORM

PROBUILD SITE NAME: _____

CONTRACTOR NAME: _____

ACTIVITY / TASK: _____

Sample

In reviewing Safe Work Method Statements (SWMS) the following are to be considered:

Topic	Yes	No	Comments
Are hazards & risks associated with the task clearly identified in the SWMS?			
Have site specific considerations been taken into account during the development of the SWMS?			
Are control measures outlined in the SWMS relevant and in keeping with the hierarchy of control?			
Is the SWMS current for the activity being undertaken (ie not more than 1 year old / site specific considerations remain unaltered)?			
Is relevant legislation identified on the SWMS?			
Does the SWMS include record of a toolbox talk or signoff from the workers using the SWMS?			

If the answer to any of the above questions is "NO", please ensure that the SWMS is updated to reflected these points prior to being accepted.

Does the activity require a Permit to be issued? (Circle appropriate) **YES** | **NO**

If yes, complete Permit and attach all relevant documentation.

Reviewed By: _____

Date: _____

Signature: _____

This signoff is **only** for the criterion outlined above. Probuild and its employees engaged to review SWMS's do not take responsibility for the technical accuracy of the content.