**Safe Work Method Statement**

|  |
| --- |
| **Company Information** |
| Name: | Address: | State: | Zip Code: |
| Contact Name: | Contact Phone: | Contact Email: |
| **Project Information** |
| Project Title: | Address: | State: | Zip Code: |
| Name of Person Compiling SWMS: | Name of Person Reviewing SWMS: |
| Description of the Project or Job: |  |
| **PPE Requirements** (Check all that apply and use empty spaces for PPE not listed.) |
| [ ]  Gloves | [ ]  Goggles | [ ]  Face Shield | [ ]  Half Respirator | [ ]  Long Sleeves |
| [ ]  Safety Boots/Shoes | [ ]  Hard Hat | [ ]  Earplugs or Earmuffs | [ ]  Full Respirator | [ ]  Long Pants |
| [ ]  Gaiters | [ ]  High Visibility Vest | [ ]  Safety Harness | [ ]  SCBA | [ ]  Dust Mask |
| [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
| **Hazardous Material Requirements** (List all required hazmat products and attach MSDS for each to this document.) |
| **Product Name** | **Quantity** | **Product Name** | **Quantity** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Tools and Equipment** (List required tools, important maintenance information, and whether they require a permit or license.) |
| **Name of Item** | **Notes About Required Maintenance or Inspection** | **Permit/License Required?** |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
| **Training and Qualifications** (List required training and/or qualifications to perform the job tasks.) |
| Site-Specific Safety |  |  |
|  |  |  |
|  |  |  |
| **Emergency Response** |
| **Type** | **Written Procedures** | **Incident Commander** | **Emergency Service Phone** |
| Fire or Explosion | [ ]  Yes [ ]  No |  |  |
| Active Shooter | [ ]  Yes [ ]  No |  |  |
| Injury or Fatality | [ ]  Yes [ ]  No |  |  |
| Other: | [ ]  Yes [ ]  No |  |  |
| Other: | [ ]  Yes [ ]  No |  |  |

|  |
| --- |
| **Risk Assessment** ( Use the information in this table to categorize the risks associated with your job/project tasks.) |
| **Likelihood** | **Consequence** |
| **Almost Certain**: It is almost certain that the risk will occur in most circumstances. | **Negligible**: First aid, limited impact to minimal area, low financial loss. |
| **Likely**: The risk is likely to occur in most circumstances. | **Minor**: Medical treatment, reversible short to medium term impact to local area, medium financial loss. |
| **Possible**: The risk could occur at some time but there is confidence that it will not. | **Moderate**: Lost time injury, reversible medium term local impact, high financial loss. |
| **Unlikely**: There is uncertainty that the risk could occur. | **Major**: Permanent disability or extensive injuries, medium to long term widespread impact, major financial loss. |
| **Rare**: The impact or risk may occur only in exceptional circumstances. | **Catastrophic**: Fatality, permanent disability, long term widespread impacts, huge financial loss. |
| **Risk Score:** | **Evaluation of Next Steps** |
| Low (1-4) | Work can proceed without review. |
| Moderate (5-12) | Person in charge must approve work before it can proceed. |
| High (13-16) | Upper management must approve work before it can proceed. |
| Catastrophic (17+) | Work cannot proceed and must be revised and reassessed. |
|  | **Consequences** |
| Likelihood | Negligible (1) | Minor (2) | Moderate (3) | Major (4) | Catastrophic (5) |
| Almost Certain (5) | Moderate (5) | Moderate (10) | High (15) | Extreme (20) | Extreme (25) |
| Likely (4) | Low (4) | Moderate (8) | Moderate (12) | High (16) | Extreme (20) |
| Possible (3) | Low (3) | Moderate (6) | Moderate (9) | Moderate (12) | High (15) |
| Unlikely (2) | Low (2) | Low (4) | Moderate (6) | Moderate (8) | High (10) |
| Rare (1) | Low (1) | Low (2) | Low (3) | Low (4) | Moderate (5) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Task or Step** | **Potential Hazards** | **Risk Score** | **Control Measures***How will you lower the risk score?* | **New Risk Score** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Corrective Actions** |
| **Task or Step** | **Action Item** | **Owner** | **Due Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |