**Safe Work Method Statement**

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| **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 | |
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| **Hazardous Material Requirements** (List all required hazmat products and attach MSDS for each to this document.) | | | | | | | | |
| **Product Name** | | **Quantity** | | **Product Name** | | | | **Quantity** |
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| **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 | |  | |  | | |
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| **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 | |  | |  | |

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| **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) |

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