

# SAFE WORK METHOD STATEMENT

Work Task/s:	Date Safe Work Method Statement Completed:
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Equipment/Plant Required:	Safety Checks Required:
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Other Considerations:		Specify:
Approvals or permits required to carry out task?	YES / NO	<hr/> <hr/> <hr/> <hr/>
Legislation/Standards or Codes of Practice applicable to work?	YES / NO	<hr/> <hr/> <hr/> <hr/>

Persons Required to Carry out Task:	Duties and Responsibilities:	Qualifications/Certificates of Competency/Training/Experience Required to Carry out Task:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

**The French Connection Communications 0416 044 710**

WORK STEP	HAZARDS IDENTIFIED	RISK LEVEL	CONTROLS TO BE IMPLEMENTED	PERSON RESPONSIBLE

Review Required:                      YES / NO (circle applicable response)	Date review to be completed:
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Additional Comments: _____ _____ _____ _____
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SAFE WORK METHOD STATEMENT	Name: _____	Signature: _____
DEVELOPED BY:	Name: _____	Signature: _____
	Name: _____	Signature: _____