### Section 1

**Project:**

**UQ Project Manager/Project Officer:**

**SWMS No.:**

**Contractor Company Name:**

**Safe Work Method Statement Review Checklist – Mandatory**

**SWMS will not be accepted if the below is not included**

### Section 2

1. List the UQ emergency contacts
2. Define who is responsible for monitoring the SWMS activity & Control Measures implementation
3. Include a project description (scope of works)
4. Define the actual step-by-step method of doing the work
5. Identify the hazards associated with each step of doing the work
6. Define controls to manage risk associated with each step of the work
7. Indicate that the risk associated with each step the work has been adequately address
8. Demonstrates the hierarchy of control

(Elimination, Substitute, Isolation, Engineering, Administrative, or Personal Protective Equipment)

9. Details of any competency requirements, tickets or licenses required to operate machinery and perform the work
10. Identify the plant, tools & equipment most likely to be used
11. Does the SWMS include the details of the inspection and maintenance checks that will be, or have been carried out on the plant, tools and equipment to be used? (Noted in the control measures)
12. Lists safety legislation requirements such as Regulations/Code of Practice
13. Record of those who have been consulted in the development of the SWMS
14. Identify environmental risks, controls, legislation and standards relevant to doing the work
15. Are suitable & acceptable SDS available for all hazardous substances listed in the SWMS
## Safe Work Method Statement Review Checklist – Mandatory

**SWMS will not be accepted if the below is not included**

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
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<tbody>
<tr>
<td>17</td>
<td>Has the contractor completed all required inductions, e.g. Labs (PF306)</td>
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<tr>
<td>18</td>
<td>Has the contractor completed all required work permits, e.g. Confined space, hot works</td>
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### Section 3

<table>
<thead>
<tr>
<th>No.</th>
<th>SWMS DEFICIENCIES - ACTION REQUIRED OR GENERAL COMMENTS</th>
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### Section 4

Reviewed by OHS if required (Name): Date:  
Reviewed by UQ Project Manager/Project Officer (Name): Date: