

SWMS Review Checklist

Project/Site:

Subcontractor Name:

Name/Number of the SWMS to be reviewed:

Note: Where the SWMS does not meet the criteria below, consult with the subcontractor to advise why the SWMS does not comply. One Initial Review Checklist should be completed for each SWMS submitted.

Work Health Safety & Environment (WHS&E) Review- (Project Manager/Project Administrator/Project Assistant/ Site Safety Supervisor)		Yes	No
1.	Does the SWMS show the name, registered office address and contact phone details of the organisation?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the SWMS been authorised with a name, date and signature of the company representative that prepared and authorised the SWMS?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the SWMS site specific (not generic)?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the SWMS detail the contract scope of work that is to be carried out on the project?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is a risk assessment matrix or similar tool included and does it identify initial risk rating before controls are implemented and residual risk rating after controls are implemented?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have relevant Health, Safety and Environmental Regulations, Codes of Practice/Australian Standards been identified for the work? (Note: Subcontractor to identify, in writing, compliance with SA WHS Act 2012, SA WHS Regulations 2012, Environmental Protection Act 1993, Environmental Protection Regulations 2009 plus applicable Australian Standards and/or Codes of Practice pertaining to work to be undertaken including plant/equipment, hazardous substances, ie. Scaffolding erection AS4576. This process can help ensure that relevant legislation, standards and codes are considered when implementing specific control measures)	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is there provision for review by subcontractors or company representative if amendments are required to the SWMS?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Has the sequence of work been broken down into logical individual steps for the task to cover the entire scope of works?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are potential hazards and associated controls identified for the detailed sequence of work?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Has relevant PPE for each individual step been indicated within the SWMS?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have employees relevant training licences/tickets/permits been identified in the SWMS prior to commencing work, ie induction cards, plant licences, permits, etc? Copies to be sighted and copied at the time of site specific induction and attached to the personal induction sheet.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Is plant and equipment listed which will be used in the work process on site, eg scaffolds, ladders, grinders?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Details of the inspection and maintenance checks that will be or have been carried out on the plant/equipment listed. (Note: Fall protection equipment, ie harnesses, lanyards, etc must have fall prevention equipment register identifying inspections and maintenance recorded and this must be recorded in the SWMS)	<input type="checkbox"/>	<input type="checkbox"/>
14.	Have hazardous substances/dangerous goods to be used on site by the subcontractor been identified? (Note: The subcontractor will need to provide copies of relevant Safety Data Sheets (SDS) for all materials and/or hazardous substances/dangerous goods to be used on site and note reference to training of employees in the SDS prior to first use and controls listed in the SWMS.)	<input type="checkbox"/>	<input type="checkbox"/>
15.	Has the subcontractor identified in the SWMS environmental hazards and controls in relation to the work task (where required), ie refuelling plant/equipment on site, nuisance dust controls, nuisance noise, waste management (off-cuts), rubbish, concrete wash-out.	<input type="checkbox"/>	<input type="checkbox"/>
16.	Has the subcontractor identified the Site Supervisor involved in the development on the SWMS and has the person signed the SWMS?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have the subcontractors employees who are involved with the work signed-off on the SWMS?	<input type="checkbox"/>	<input type="checkbox"/>

Site/Safety Supervisor and/or nominated delegate comments on SWMS. ie items to be reworked/included by subcontractor

Reviewed by: Name: Signature: Date:

Verification by Site/Safety Supervisor and/or nominated delegate that subcontractor SWMS reviewed and implemented for site work.

Reviewed by: Name: Signature: Date:

Safe Work Method Statement (SWMS) Review and Monitoring Procedure

