

Subcontractors Safe Work Method Statement (SWMS) Checklist



This checklist is to be used when a Subcontractor supplies and is going to work under their own SWMS on an RMS site. It must be reviewed and accepted by RMS prior to works commencing by the subcontractor on site for the work activities stated. The Subcontractor will still be required to sign RMS SWMS if the task they are undertaking is not covered under the SWMS supplied by them. All other protocols still apply e.g. site induction, Daily Pre-Starts etc.

Project _____ Date Received _____

Subcontractor _____ Est Start Date _____

SWMS Title _____

Elements required as a minimum	Yes / No	COMMENTS / SUGGESTIONS
Name , Address & Phone #'s of Company doing the Work/Task		
Company ABN #		
Date Signed & Approved by Subcontractor Company Dire		
Is the SWMS intended for the State/Territory you are in? QLD Legislation is no good in NT etc.		
The Name of the Principal Contractor & the Project name and Address		
Does it identify any site specific issues in the RMS IPMP eg: Over Head Power Lines, Public interface etc.		
The Task / Activity they are undertaking		
Does it include ALL the Plant to be used/ does plant and equipment have a Plant Risk Assessment?		
Does it include any Hazardous substances to be used & include SDS's no more than 5 years old		
Does it include ALL the Hazards associated with the Task ie: electrical, mobile plant, fall from heights, UV confined space etc.		
Does it identify the risks associated with the hazards ie: electrical = electrocution, UV = Skin cancer etc		
Do the control measures eliminate or reduce the risk to an acceptable level?		
Does the SWMS give a step by step instructions on how the task will be performed		
How will the control measures be reviewed and monitored and who is responsible to record this?		
Does it identify Prescribed Occupations		
Signed and Dated by all Subcontractor's employees or is there the ability to be accepted by all.		
Is there a cross section of the workforce involved with the development of the SWMS?		

Date reviewed _____ Reviewed by _____ Position _____

Accepted as satisfactory
 Accepted subject to comments (Please revise and re submit)
 Not Accepted refer to comments and resubmit

Comments

Signed _____ Date _____

Date of 2nd review _____ Reviewed by _____ (mark as accepted etc by Revision 1, 2 etc in above boxes)