Welding — Safe Work Method Statement

State / territory:

PCBU (your business)

Business name:	ABN:
Address:	
Phone:	Email:

Principal contractor

Name:	ABN:
Address:	
Phone:	Email:

Work details

Work activity: Structural and fabrication welding, cutting and grinding	
Work location:	
Works manager name:	Works manager phone:
Work supervisor name (VIC):	
Workers consulted about this SWMS? ☐ Yes ☐ No	

High-risk construction work categories

- Work on or near energised electrical installations or services
- Work in or near a confined space

- Work in an area that may have a contaminated or flammable atmosphere
- Fall risk of more than 2 metres

Tasks, hazards & controls

#	Task description	Hazards & risks	Control measures
01			
02			
03			
04			
05			
06			
07			
08			

Compliance & review

Person responsible for compliance:	Reviewer name:
Compliance measures:	
Review method:	
Date provided to PC:	Date received by PC:

Sign-off

Worker name	Signature	Date
