



# SAFE WORK METHOD STATEMENT JOB HAZARD ANALYSIS

**DATE:**  
**REGISTERED No:**

**JOB DESCRIPTION:**

**Location:**

**EMERGENCY ACTION PLAN:**

- WHO:
- CONTACT:
- RESPONSE:
- ACTION:
- POST INCIDENT:

**PLANNED RISK ACTIVITY:**

<input type="checkbox"/> Work at Heights (>1.8m)	<input type="checkbox"/> Manual Tasks
<input type="checkbox"/> Hazardous Substance Use	<input type="checkbox"/> High Risk Work License Required
<input type="checkbox"/> PPE Requirement	<input type="checkbox"/>
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/>

RISK SCORE CALCULATOR							
		CONSEQUENCES					
		Low	Minor	Moderate	Major	Critical	
RISK CRITERIA	People	First Aid Injury (FAI)	Medical Treatment Injury (MTI)	Lost Time Injury (LTI) / Restricted Work Case	Single Fatality	Multiple Fatalities	
	Environment	Low level environmental impact	Minor effects on biological or physical environment	Moderate short term environmental impact	Relatively wide spread medium long term environmental impact	Wide spread long term environmental impact	
	Operational Impact	Easily fixed up straight away	Minor damage to equipment, no loss of production	Loss of less than one week's production	Major damage to facility, loss of less than six months production	Serious problems with future operation of the facility	
	LIKELIHOOD	Almost Certain	Expected to occur yearly	Moderate	High	High	Extreme
	Likely	Will probably occur Every 1 to 2 years	Moderate	Moderate	High	Extreme	Extreme
	Possible	Should occur over The next 5 years	Low	Moderate	Moderate	High	Extreme
	Unlikely	Could occur in 5 to 10 years	Low	Low	Moderate	High	High
	Rare	May occur over the Next 20 - 30 years	Low	Low	Moderate	Moderate	High

**DEVELOPED BY:**

**REVIEWED BY (use 'Attendance Sheet' if required):**

No	Name	Signature	Position	No	Name	Signature	Position	Date.
1				1				
2				2				
3				3				
4				4				

**APPROVAL:** (i.e. Contractors / Sub-contractors / Manager) Where required

<b>Name:</b>	<b>Signature:</b>	<b>Position:</b>	<b>Date:</b>
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**REVIEW:** (NOTE: Work may only proceed once the SWMS/JHA has been reviewed (signed and dated) by the Manager or nominee ie Supervisor)

<b>Name:</b>	<b>Signature:</b>	<b>Position:</b>	<b>Date:</b>
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