



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

SAFE@WORK

CONTRACTOR SAFE WORK METHOD STATEMENT

Contractor: _____ Location: _____

Activity: _____

Prepared by: _____ Signature: _____ Date: ____ / ____ / ____

Principal contractor representative: _____ Signature: _____ Date: ____ / ____ / ____

Legislation, codes or standards that apply to the work: _____

Training or qualifications required to do the work: _____

Key steps	Equipment or plant required	Possible hazards	* Risk Score	Safety controls including personal protective equipment (PPE)	Licences, qualifications or work permits

* Risk score to be determined from the Risk Matrix in [Risk Management Guidelines](#)

