Safe Work Method Statement Template

Centre:		Approved by:	
Prepared by:		Name:	
Date:		Signature	
Task		Date:	

Procedure in Steps	Possible Hazards	Risk Score	Safety Controls

1300 555 222 hiflexphysio.com.au 222 Wandoo St Brisbane 4000

Training Required to Complete Activity	
Plant/ Equipment Required for this Activity	
Maintenance Checks Required for this Activity	
Person/s Responsible for Supervising/Inspecting Work:	

Print Name	Position and Qualifications (relevant to Task)	Signature
All Workers listed below have read and understood this Safe Work Method Statement and have agreed to abide by the controls listed within it.		