# Form-19 -Safe Work Method Statement

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Person Completing Form: | | | Name: |  | Signature: | |  | | | Job Title: |  | | | | Date: |  |
| Details of work tasks: | | |  | | | | | | | Location: |  | | | | | |
| Complete the following table to ensure that all tasks associated with the work are analysed, hazards are identified, and all risks controlled prior to work beginning | | | | | | | | | | | | | | | | |
| Work Procedure | | Potential Hazards | | | | | | Controls  (Include details of Personal Protective Equipment) | | | | | Person Responsible | | | |
|  | |  | | | | | |  | | | | |  | | | |
| Others involved in work tasks: | Name: |  | | | | Signature: | | |  | | | Date: | |  | | |
| Name: |  | | | | Signature: | | |  | | | Date: | |  | | |
| Name: |  | | | | Signature: | | |  | | | Date: | |  | | |