# 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: |  |