

SWMS Review Checklist

Project Name/Number:			
SWMS No:	Title:	Date:	
Company Name:			
Company Representative		Review #:	

SWMS Checklist Item	Included	Comments/Action
SWMS shows name, registered office address and contact number of the Company/Contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provides for a name and signature of the person responsible for ensuring compliance with SWMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provides for a date and site name/location for the actual job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shows evidence of consultation and communication in development and implementation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provides a logical 'step-by-step' order of the work tasks.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Identifies hazards associated with each step of the process.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Analyses the risk level of the hazards identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lists effective safety & environmental controls to manage assessed risks.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Identified controls are appropriate and reasonable with regards to hierarchy of control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Record of the persons consulted in the development of the SWMS	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Identifies appropriate licences, qualifications and training required to safely undertake the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evidence of consideration & compliance with relevant legislation, codes, standards, and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Identifies the Tools, Plant & Equipment that will be needed to complete the work.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Includes detail of Inspection and Maintenance requirements for Plant & Equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details the process for communicating changes in SWMS to the work team (e.g. 'Toolbox')	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recognises the need for Review of work practices and Continual Improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describes how the control measures are to be implemented, monitored, and reviewed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SWMS must not be endorsed until above actions are verified complete

REVIEWED BY			
Name:		Signature:	
Position:		Date:	
Rejected	<input type="checkbox"/>	Approved	<input type="checkbox"/>

SWMS Endorsed			
AMG Representative:		Signature:	
		Date:	