



SAFE WORK METHOD STATEMENT FORM

Form CSEM 2.7

Contractor:	
Contract:	
Contractor's Representative:	
Telephone:	Fax:
Signature:	Date:

Contract Manager:	
Contract No:	
Telephone:	Fax:
Signature:	Date:

Specific Task/Activity	Potential Hazards/Consequences	Control Measures	Who is Responsible	Date / Sign off



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Specific Task/Activity	Potential Hazards/Consequences	Control Measures	Who is Responsible	Date / Sign off

Sign off by staff involved in task: