

SAFE WORK METHOD STATEMENT FORM

Form CSEM 2.7

Contractor:		Contract Manager:		
Contract:		Contract No:		
Contractor's Representative:		Telephone:	Fax:	
Telephone:	Fax:			
Signature:	Date:	Signature:	Date:	

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

Issued: 26 November 2003

Version 3: January 2011 Form CSEM 2.7 Safe Work Method Statement



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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:		

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