



# BLAIRGOWRIE

## YACHT SQUADRON INC.



### Safe Work Method Statement

Document	BYS Safe Work Method Statement
Distribution	Contractors, Members, Non-Members, Visitors & Staff
Further Information	Marina Manager, General Manager
Date Ratified by GC	TBA

### BYS Safe Work Method Statement (SWMS)

Direct Employer:		Principal Contractor (PC): (Name & Number)	
Work Supervisor: (Name & Number)		Date SWMS Provided to PC	
Description of Work:		Location of Work:	

High Risk Work:	<input type="checkbox"/> Risk of a person falling more than 2 meters	<input type="checkbox"/> Working in confined spaces	<input type="checkbox"/> Work that potentially creates a risk to the surrounding environment
	<input type="checkbox"/> Risk of drowning in water	<input type="checkbox"/> Working with or near energised electrical installations	
	<input type="checkbox"/> Working on / near fuel lines	<input type="checkbox"/> Diving work	
	<input type="checkbox"/> Work in an area that may have a flammable atmosphere	<input type="checkbox"/> Working with dangerous chemicals or substances	

<b>Issue Date:</b> 1/5/2018	<b>Issued By:</b> Marina Manager	<b>Version:</b> 1.0	<b>Review Date:</b> 1/4/2018
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Person responsible for complying with SWMS		Date SWMS received:	
What measures are in place to ensure compliance with SWMS			
Person responsible for reviewing control measures		Date SWMS received by reviewer:	
Review Date:		Reviewers signature:	

What are the tasks involved? (List the work in logical order)	What are the hazards and risks? (Identify risks to workers and the public)	What are the control methods? (What controls will make the work as safe as possible?)



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Name of Worker(s)		Workers signature (s)
Date SWMS received by workers:		