

Form 03.3 — Service Provider SWMS Review Checklist

Form ID	Owner	Evidence location	Complete when
03.3	Project Manager / Site Supervisor	Breadcrumb / project file	Before high-risk construction work

Use: Review submitted SWMS against site hazards, controls and consultation requirements.

Suggested completion frequency: prior to service provider commencement.

Details	
Project:	
Date:	
Service Provider contact details:	
Scope of activities:	
SWMS name:	

The Project Manager or delegate reviews the SWMS to determine conformance with the following, as applicable.

No.	SWMS / SWI description	✓	Comment
1a	Is the SWMS printed on company letterhead, providing the SP's ABN, and signed and dated by a senior executive?		
1b	Is the scope of work appropriately detailed?		
2	Is the Service Provider's Works Manager identified?		
3	Does the SWMS identify high risk construction work?		
4	Are the applicable Standards, Statutory Acts and Codes of Practice listed?		
5	Are the methods of work (step by step) detailed?		
6	Are the required workforce qualifications (certificates etc.) listed?		
7	Is mandatory Personal Protective Equipment (PPE) identified?		
8	Are the Hazardous		

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No.	SWMS / SWI description	✓	Comment
	Substances, if used, listed?		
9	Are all plant, tools and equipment required listed?		
11	Are all the safety hazards and risks associated with the scope of work identified?		
12	Are control measures established for each hazard identified?		
13	Is the person responsible for implementing, monitoring and controlling each hazard identified?		
14	Have the workers consulted in the development of the SWMS been identified?		
15	Other issues (please describe):		

Additional comments (reference the associated item number)

Item No.	Comments

Where a Service Provider has subcontracted part of their scope to others, a separate SWMS covering that work must be submitted for RPD's review and acceptance. Where the SWMS is found unacceptable, a copy of the prepared and signed checklist is forwarded to the Service Provider for information and action.

This SWMS has been reviewed and was ACCEPTED / REJECTED	
Reviewed by:	
Signature:	
Date:	