



<b>MFM Work Order / Site Work Request Number</b>		<b>SWMS Number</b>	
<b>Date SWMS Performed/Created</b>		<b>Prepared By</b>	
<b>Activity</b>			
<b>Permit Requirement/s</b>			
<b>Company Performing Work</b>			
<b>Staff Performing Work</b>			
	<b>Staff Name</b>		<b>Contact Number</b>
1.	.....		.....
2.	.....		.....
3.	.....		.....
4.	.....		.....
5.	.....		.....
<b>Required/Recommended PPE:</b> .....			
<b>Primary or Special Hazards:</b> .....			
<b>Process Tasks</b> <i>List the tasks required to perform the works in the sequence they are carried out</i>	<b>Potential Hazards</b> <i>List the potential hazards that could cause injury when each task is performed</i>	<b>Risk</b> <i>List the injury that would result from a potential hazard occurring</i>	<b>Risk Control Measures</b> <i>Describe the preferred Risk Control Measures. Apply hierarchy of control measures: 1.Elimination 2.Substitution 3.Engineering &amp; Administration 4.PPE</i>
			<b>Who is Responsible</b> <u>  </u>
<b>MFM Endorsement</b>	Name: ..... Sign:..... Date: .....		
	Position: .....		
<b>Staff Endorsement</b>	Name: ..... Sign:..... Date: .....		
	Name: ..... Sign:..... Date: .....		
	Name: ..... Sign:..... Date: .....		
	Name: ..... Sign:..... Date: .....		
	Name: ..... Sign:..... Date: .....		
<b>Any Changes or Additions Recommended Upon Completion</b>			
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