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| **Work Equipment Required** (Tools, Equipment, Mobile Plant etc) |
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| **Specific Safety Equipment Required** (Fencing, Signage, Rescue Equipment etc) |
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| **Personal Protective Equipment (PPE) Required** |
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| **Welfare Facilities Required (**Toilets, Washing Facilities, Canteen etc) |
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| **KEY CONTACTS** | | |
| **Title** | **Name** | **Phone Number** |
| **Main Contractor** |  |  |
| **Supervisor** |  |  |
| **First Aid** |  |  |
| **Accident & Emergency** |  |  |

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| **Arrival At Customer’s Premises, Site Set-Up Including Storage Arrangements** |
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| **Sequence and Description of Works** |
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| **Emergency Procedures** |
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| **Site Deliveries** |
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| **Training Requirement** |
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| **Risk assessment Reference table** |
| 1. Site Specific Assessments |
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| --- | --- | --- | --- | --- | --- |
| **The following individuals have been taken through this method statement and sign to acknowledge they understand the content and requirements to ensure health and safety of themselves and any others that may be affected by their actions** | | | | | |
| Name: |  | Signed: |  | Date: |  |
| Name: |  | Signed: |  | Date: |  |
| Name: |  | Signed: |  | Date: |  |
| Name: |  | Signed: |  | Date: |  |
| Name: |  | Signed: |  | Date: |  |
| Name: |  | Signed: |  | Date: |  |