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| --- | --- | --- | --- |
| **Case Name:** |  | | |
| **Location:** |  | | |
| **Bidder Name:** |  | **Bidder No:** |  |
| **Completed By:** |  | **Completion Date:** |  |
| **Contact details:** |  | | |

**1. Scope of Works:**

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|  | Safety Critical Step?  Risk Assess |
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**2. Key Hazards and Controls**

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| **Key Hazards** | **Control Measures Required** |
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**3. Hazardous Materials and Substances**

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| **Substance / Material** | **Key Risks** | **First Aid Treatment** | **SDS Location** |
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**4. Access and Egress**

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**5. Lighting**

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| * Work areas will be well lit by existing lighting. No further lighting is required. (Delete if not appropriate.) |
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**6. Plant and Equipment**

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**7. Training Certification**

All operatives must be suitably competent and hold the necessary certificates of training for the relevant plant and activities.

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| * IPAF – Operative Name and coverage |
| * PASMA – Operative Name and coverage |
| * CSCS – Operative Name and coverage |
| * Other professional training – Operative Name and coverage |

**8. Emergency Planning**

Fire evacuation procedures will be discussed during the induction as you arrive at site and sign in. First Aid provision is made for ES Group employees and contractors although the details of the First Aider on site and local A&E services will be available at the reception desk.

Please do not add any personal information to the method statement.

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| * In the case of an emergency, all personnel are to follow procedures instructed at Induction Stage. Making sure all staff leave site immediately, do not stop to collect belongings, head directly to the Assembly Point and wait there to be recorded. Do not return to working area until instructed to do so. |
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**9. Contact Details / Register**

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| **All segments of method statements are to be followed, if and where significant changes take place to working procedures, method statements are to be revised.**  **The names of the operatives involved in the work activity must sign to indicate they have read the method statement and risk assessments, if applicable, and fully understand the control measures that have been put in place for their safety, and that they have received the training required for any special plant, equipment or skills that may be required to carry out the task.** |

|  |  |  |
| --- | --- | --- |
|  | Details | Signature |
| NOMINATED SUPERVISOR |  |  |
| OPERATIVE |  |  |
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