

## Safety Method Statement

Actions	Details
<b>Brief description of the work and location</b>	
<b>Sequence of work and how operations are controlled</b> <small>Identifying : Access / Egress; Place of Work; Adequate Lighting; Is Permit to Work Required?</small>	
<b>On site supervision arrangements</b> <small>Identify person in overall charge and detail his responsibilities</small>	
<b>Individual responsible for controls and monitoring</b> <small>Identify person directly responsible for works and detail his responsibilities</small>	
<b>Plant and equipment to be used and operator training requirements</b> <small>List major items of equipment; Identify statutory examinations of equipment; Training required for operatives.</small>	
<b>Occupational Health Assessments (Risk, Noise, COSHH etc)</b> <small>Assessments and control measures to be implemented; Co-ordination between contractors; Identify hazardous materials and control measures for COSHH, storage of materials etc.</small>	
<b>Safety of third parties</b> <small>Identify works which may present a risk to third parties and detail control measures</small>	
<b>Environmental Controls</b> <small>Control of harmful emissions, eg noise, dust; Procedures for disposal of waste.</small>	
<b>First Aid and PPE requirements</b> <small>Identify additional first aid or PPE, eg. resuscitator, eye wash, gloves, respirator, hearing protection</small>	
<b>Emergency procedures</b> <small>Are any additional emergency procedures required. Will any existing procedures require changing (escape routes, location of extinguishers, etc)</small>	

Example Only

Contractor \_\_\_\_\_ Prepared By \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Person carrying out work Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Approved by Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_