















Method Statement Template

Ref No.:

Description of the Task/Activity:			
Project Name:		Project Ref:	
Site Address/ Location:		Start Date/Time:	
		Finish Date/Time:	
Personnel involved:	Name	Role/Trade	
Works Supervisor:		Role:	Tel:
Key Plant and Tools Required:			
Key Materials Required:			
Other Essential Equipment:	(ie: access platforms/winches/ladders etc)		
Specific Identified Residual Hazards: (or refer to the task specific risk assessment(s))			
Specific Staff Training Requirements:	(ie: Confined Spaces/Abrasive Wheels/Working at Height/Plant Operators etc)		

Sequence of Operations: (Specifying methods of working, tools, materials and equipment utilised)	1.						
	2.						
	3.						
	4.						
	5.						
	6.						
	7.						
	8.						
	9.						
	10.						
Temporary Supports and Props needed to facilitate the works:	(If none, state none.)						
Method of Access and Egress to the work area:	(ie: Ladders/MEWPS/Scaffold/Trestles/Step Ladder etc)						
Fall Protection Measures: (Where work at height cannot be eliminated - consider both Personnel & Materials)	(ie: Guard Rails/Toe Boards/Brick Guards/Safety Harnesses/Exclusion Zones etc)						
Hazardous Substances: (Attach COSHH Assessments and MSDS)	(ie: Lubricants/Solvents/Flammable Materials/Refrigerants/Welding Gases etc)						
	 Very Toxic	 Harmful/Irritant	 Corrosive	 Dangerous for the environment	 Oxidising	 Highly flammable	 Explosive
	Applicable:	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
SWL's:	(Detail any limits on the loadings applicable to temporary plant/equipment or fixed elements of the structure where the work is taking place.)						
Required Personnel Protective Equip.:	 Safety Boots	 Hard Hats	 Safety Gloves	 Hearing Protection	 Respiratory Protection	 Eye Protection	Other: 1. Hi-Viz 2. Coveralls 3.
	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	

Emergency Procedures:			
	First Aid Facilities:	Name of On-Site First Aider:	
		First Aid Box Location:	
		Location of Nearest Hospital:	
Other Information & Comments:			

All work will be undertaken by qualified competent persons with experience of the type of work described above, and in all cases in full accordance with safety procedures specified in the companies Health and Safety Policy.

Prepared by:

Position:

Date:

Reviewed by:

Position:

Date: