

# <<Company Name>> Statement

Site Address	<<enter text here and accordingly>>
Precise Location	<<enter text here and accordingly>>

Start Date	<<date>>	End Date	<<date>>
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BRIEF DESCRIPTION OF THE WORKS	
<<enter text here and the cell will expand>>	

SEQUENCE OF OPERATIONS:	
<<enter text here and the cell will expand>>	

EQUIPMENT AND PROCEDURES:	
Plant/Tools needed	

PPE required <i>Delete and/or add as appropriate:</i>	Hard Hat Hi-Vis Jacket/Vest Gloves (Specify) Safety Footwear Hearing Protection Eye Protection Face Protection Breathing Aids Dust Masks Harness/Fall Arrest Other – give details
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Materials to be used	
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Operatives required	
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Specific Training needed – give details	
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Permits to Work needed <i>Delete and/or add as appropriate:</i>	Hot Works Confined Space Live Working Work at Heights Other – give details
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Machinery Shutdown and Lock-Off Procedures	
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<b>Is Electricity needed</b>	<<e.g. 110/240V	
<b>Mobile Phone use – any Restricted Areas</b>		
<b>Means of protection to other people</b> <i>Delete and/or add as appropriate:</i>	Hoarding Barriers Tape/Rope Other – give details	
<b>Site Access and Egress</b>		
<b>Access to Works Area</b>		
<b>Material Handling</b>		
<b>Means of Access to Height</b> <i>Delete and/or add as appropriate:</i>	Scaffold Mobile Tower MEWP/Scissor Ladders Steps Hop Up's	
<b>Fall Prevention Measures</b>		
<b>COSHH Assessment Carried Out</b>		
<b>Suitable Welfare Arrangements – give details</b>		
<b>Traffic Management in Place</b>		
<b>First Aid Cover – give details</b>		
<b>Accident Procedures – give details</b>		

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Overhead Power Cables – are goalposts in place		
Noise Issues		
Dust Control		
Vibration Control		
Fire Plan in Place		
Site Contact Details including Emergency Numbers Etc		

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**ISSUED TO:**

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