## AN Other B Statement **Site Address** Your Street, A **Precise Location** Ground floor 2<sup>nd</sup> September **Start Date** 1<sup>st</sup> September n Date BRIEF DESCRIPTION OF THE WORK Brick/block laying **SEQUENCE OF OPERATIONS:** Bricks to be stacked along the length of Labourers to bring mortar to spot boards Bricks/blocks to be laid as per drawings **EQUIPMENT AND PROCEDURES:** Plant/Tools needed Hand tools Hammer Bolster Sprit level **PPE** required Safety footwea Delete and/or add as Eye protection Gloves for har appropriate: Materials to be used Mortar, bricks **Operatives required** Bricklayers, La **Specific Training** Bricklaying needed - give Manual handli details **Permits to Work** N/A needed Delete and/or add as appropriate: N/A Machinery Shutdown and Lock-Off

**Procedures** 

Is Electricity needed	N/A	
Mobile Phone use – any Restricted Areas	No	
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Means of protection to other people Delete and/or add as appropriate:	N/A	
Site Access and Egress	Via main entra	
Access to Works Area	Pedestrian acc	hicles
Means of Access to Height Delete and/or add as appropriate:	N/A	
Fall Prevention Measures	N/A	
COSHH Assessment Carried Out	N/A	
Suitable Welfare Arrangements – give details	Site office	
Traffic Management in Place	N/A	
First Aid Cover – give details	See site office	
Accident Procedures – give details	See site office	
Overhead Power Cables – are goalposts in place	N/A	

Noise Issues	N/A			
<b>Dust Control</b>	N/A			
Vibration Control	N/A			
Fire Plan in Place	See site office			
Site Contact Details including Emergency Numbers Etc	See site office			

## **ISSUED TO:**

Nome	Data
Name	Date
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