## AN Other B **Site Address** Your Street, A **Precise Location** Ground floor **Start Date** 1<sup>st</sup> September BRIEF DESCRIPTION OF THE WORK Using a disc cutter **SEQUENCE OF OPERATIONS:** Working area to be cleared of trip hazar Other people to be advised to clear area Items/materials to be cut are to be secui Cutter to be checked for good condition Material to be cut using best practice **EQUIPMENT AND PROCEDURES:** Plant/Tools needed Disc cutter **PPE** required Safety footwea Delete and/or add as Eye protection appropriate: Gloves Hearing protect Materials to be used N/A **Operatives required** Any **Specific Training** Abrasive Whe needed - give details **Permits to Work** N/A needed Delete and/or add as appropriate:

## Statement 2<sup>nd</sup> September n Date d operative

N/A

Machinery

Shutdown and Lock-Off Procedures

240v used via		
No		
Area to be clea	Λ	
Via main entra	A	
Pedestrian acc		nicles
N/A		
N/A		
N/A		
Site office		
N/A		
See site office		
See site office		
N/A		
	No Area to be cle Via main entra Pedestrian acc N/A N/A  N/A  Site office  See site office	No  Area to be cle  Via main entra  Pedestrian acc  N/A  N/A  N/A  Site office  See site office  See site office

Noise Issues	Hearing protec		
<b>Dust Control</b>	Water to be us		
Vibration Control	N/A		
Fire Plan in Place	See site office		
Site Contact Details including Emergency Numbers Etc	See site office	$\Delta$	

## **ISSUED TO:**

Nome	Data
Name	Date
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