

## AN Other B Statement

<b>Site Address</b>	Your Street, A
<b>Precise Location</b>	Ground floor c

<b>Start Date</b>	1 <sup>st</sup> September	<b>End Date</b>	2 <sup>nd</sup> September
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**BRIEF DESCRIPTION OF THE WORKS**

Working on scaffolding
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**SEQUENCE OF OPERATIONS:**

Scaffold to be checked for safety before Incomplete or faulty scaffold not to be us Toe boards and double handrails to be i Fans to be used over entrances Suitable ladders to be used for access a Damaged ladders not to be used Only designated areas to be used to sto Brickguards/netting to be used
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**EQUIPMENT AND PROCEDURES:**

<b>Plant/Tools needed</b>	N/A
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<b>PPE required</b> <i>Delete and/or add as appropriate:</i>	Safety footwea
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<b>Materials to be used</b>	N/A
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<b>Operatives required</b>	Any
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<b>Specific Training needed – give details</b>	N/A
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<b>Permits to Work needed</b> <i>Delete and/or add as appropriate:</i>	N/A
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<b>Machinery Shutdown and Lock-Off Procedures</b>	N/A
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SAMPLE

<b>Is Electricity needed</b>	N/A
<b>Mobile Phone use – any Restricted Areas</b>	Yes. Phone no
<b>Means of protection to other people</b> <i>Delete and/or add as appropriate:</i>	N/A
<b>Site Access and Egress</b>	Via main entrance
<b>Access to Works Area</b>	Pedestrian access only. No vehicles
<b>Materials needed</b>	N/A
<b>Means of Access to Height</b> <i>Delete and/or add as appropriate:</i>	Via suitably fixed
<b>Fall Prevention Measures</b>	Edge protection to be
<b>COSHH Assessment Carried Out</b>	N/A
<b>Suitable Welfare Arrangements – give details</b>	Site office
<b>Traffic Management in Place</b>	N/A
<b>First Aid Cover – give details</b>	See site office
<b>Accident Procedures – give details</b>	See site office

# SAMPLE

Overhead Power Cables – are goalposts in place	N/A	
Noise Issues	N/A	
Dust Control	N/A	
Vibration Control	N/A	
Fire Plan in Place	See site office	
Site Contact Details including Emergency Numbers Etc	See site office	

# S A M P L E

**ISSUED TO:**

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