AN Other B Statement **Site Address** Your Street, A **Precise Location** Ground floor 2nd September **Start Date** 1st September n Date BRIEF DESCRIPTION OF THE WORK Mixing plaster **SEQUENCE OF OPERATIONS:** Mixing area to be set up close to working Area to cleared of trip hazards Plaster to be mixed using hand or power ig bath Mixed plaster to be transferred from batl s to spot board **EQUIPMENT AND PROCEDURES:** Plant/Tools needed Hand or powe **PPE** required Safety footwea Delete and/or add as Eye protection appropriate: **Dust masks** Materials to be used N/A **Operatives required** Any Manual handli **Specific Training** needed - give details **Permits to Work** N/A needed Delete and/or add as appropriate: **Machinery** N/A Shutdown and Lock-Off **Procedures**

Is Electricity needed

For mixing dril

RCD used at source

Mobile Phone use – any Restricted Areas	N/A	S	
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:	Via suitably fix		
Fall Prevention Measures	Edge protection		9
COSHH Assessment Carried Out	Yes – MSDS i		
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		

Dust Control	Ensure adequ		
Vibration Control	N/A		
Fire Plan in Place	See site office		
Site Contact Details including Emergency Numbers Etc	See site office		

build up of dust

ISSUED TO:

Name		Date