## AN Other B Statement **Site Address** Your Street, A **Precise Location** Ground and fil 2<sup>nd</sup> September **Start Date** 1<sup>st</sup> September n Date BRIEF DESCRIPTION OF THE WORK Plastering ceilings **SEQUENCE OF OPERATIONS:** Spot boards to be erected at working are All trip hazards to be removed from work Suitable means of accessing ceiling ie s rs to be available **EQUIPMENT AND PROCEDURES:** Plant/Tools needed Hand tools **PPE** required Safety footwea Delete and/or add as Eye protection appropriate: Gloves to prev Materials to be used Gypsum plast **Operatives required Plasterers** Manual handli **Specific Training** needed - give Trade training details **Permits to Work** N/A needed Delete and/or add as appropriate: Machinery N/A Shutdown and Lock-Off **Procedures**

N/A

Is Electricity needed

Mobile Phone use – any Restricted Areas	Yes. Mobiles r	S	d/towers
Means of protection to other people Delete and/or add as appropriate:	N/A		
Site Access and Egress	Via main entra	Λ	
Access to Works Area	Pedestrian acc		
Means of Access to Height Delete and/or add as appropriate:	Via suitably fix		itable hop-ups
Fall Prevention Measures	Edge protection		
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		
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<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	Λ		

## **ISSUED TO:**

Nome	Date
Name	Date
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