## 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 Screeding floors **SEQUENCE OF OPERATIONS:** All trip hazards to be removed from work Wheelbarrows to be checked for condition Works are to be secured Mixed materials to be barrowed in from suitable locations **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 Latex/cement **Operatives required** Plasterers/flod 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 –<br>any Restricted<br>Areas                                  | No              | S |  |
|--|-----------------|---|--|
| Means of protection<br>to other people<br>Delete and/or add as<br>appropriate: | N/A             |   |  |
| Site Access and Egress   | Via main entra  | Λ |  |
| Access to Works<br>Area  | Pedestrian acc  |   |  |
| Means of Access to<br>Height<br>Delete and/or add as<br>appropriate:           | N/A             |   |  |
| Fall Prevention<br>Measures  | N/A             |   |  |
| COSHH Assessment<br>Carried Out  | Yes – MSDS i    |   |  |
| Suitable Welfare<br>Arrangements –<br>give details                             | Site office     |   |  |
| Traffic Management in Place  | N/A             |   |  |
| First Aid Cover – give details   | See site office |   |  |
| Accident<br>Procedures – give<br>details                                       | See site office |   |  |
|  |                 |   |  |
| Overhead Power<br>Cables – are<br>goalposts in place                           | N/A             |   |  |
| Cables – are   | N/A<br>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 | Λ |  |  |

## **ISSUED TO:**

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