

# AN Other B Statement

<b>Site Address</b>	Your Street, A
<b>Precise Location</b>	Ground and fir

<b>Start Date</b>	1 <sup>st</sup> September	<b>End Date</b>	2 <sup>nd</sup> September
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<b>BRIEF DESCRIPTION OF THE WORKS</b>
Working with cut timber or sheet material

<b>SEQUENCE OF OPERATIONS:</b>
<p>All trip hazards including off cuts to be re</p> <p>Materials to cut to size and carried to wo</p> <p>Route from cutting area to final location</p>

<b>EQUIPMENT AND PROCEDURES:</b>		
<table border="1"> <tr> <td><b>Plant/Tools needed</b></td> <td>Hand and pow</td> </tr> </table>	<b>Plant/Tools needed</b>	Hand and pow
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<b>Materials to be used</b>	N/A
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<b>Operatives required</b>	Labourers/car
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<b>Specific Training needed – give details</b>	<p>Manual handli</p> <p>Machine/tools</p> <p>Trade training</p>
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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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<b>Is Electricity needed</b>	Yes. 240 v to
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<b>Mobile Phone use – any Restricted Areas</b>	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	
<b>Means of Access to Height</b> <i>Delete and/or add as appropriate:</i>	N/A	
<b>Fall Prevention Measures</b>	N/A	
<b>COSHH Assessment Carried Out</b>	Yes – MSDS in place	
<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	
<b>Overhead Power Cables – are goalposts in place</b>	N/A	
<b>Noise Issues</b>	N/A	

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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	

# SAMPLE

**ISSUED TO:**

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