

AN Other B Statement

Site Address	Your Street, A
Precise Location	Ground and fir

Start Date	1 st September	End Date	2 nd September
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BRIEF DESCRIPTION OF THE WORKS
Using hand held or bench mounted pow

SEQUENCE OF OPERATIONS:
<p>All power tools to be checked for damage</p> <p>Only authorised personnel to use power</p> <p>Working area to be checked for trip haza</p> <p>leads to be kept to a minimum.</p>

EQUIPMENT AND PROCEDURES:	
Plant/Tools needed	Power tools

PPE required <i>Delete and/or add as appropriate:</i>	<p>Safety footwea</p> <p>Eye protection</p> <p>Gloves to prev</p> <p>Dust masks if</p>
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Materials to be used	N/A
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Operatives required	Labourers/car
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Specific Training needed – give details	<p>Manual handli</p> <p>Machine/tools</p> <p>Trade training</p>
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Permits to Work needed <i>Delete and/or add as appropriate:</i>	N/A
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Machinery Shutdown and Lock-Off Procedures	N/A
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Is Electricity needed	Yes. 240 v to
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Mobile Phone use – any Restricted Areas	No	
Means of protection to other people <i>Delete and/or add as appropriate:</i>	N/A	
Site Access and Egress	Via main entrance	
Access to Works Area	Pedestrian access	
Means of Access to Height <i>Delete and/or add as appropriate:</i>	N/A	
Fall Prevention Measures	N/A	
COSHH Assessment Carried Out	Yes – MSDS in place	
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	Hearing protection	

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Dust Control	Dust masks ne	
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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