Control of Contractors Guidance:

**Risk Assessment Method Statement (guidance document)**

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| **Box No.** | **Title** | **Guidance** |
| 1 | **Contractor Company** | Name of contractor company. *e.g. AMEC* |
| 2 |  **Address of area** | Area in which the work is to be done. e*.g. Matrix House, Swansea.* |
| 3 | **Exact location of work** | The exact location at which the work is to be done. *e.g. First Floor north wing***General phrases like “*ALL AREAS”* will NOT be accepted.** |
| 4 | **Order number** | The order number to be entered here if you are working directly. If you are a subcontractor then the main contractor name may be entered here. |
| 5 | **Job description** | A description of the planned work is required here.**An acceptable entry could read:** *e.g. Erecting a partition wall.* **General phrases like *“ROUTINE MAINTENANCE”* will NOT be accepted.** |
| 6a | **Anticipated start date** | The date of which the job is likely to start must be entered here. *E.g. 09 July 2014.* |
| 6b | **Anticipated end date** | The date of which the job is likely to end must be entered here. *E.g. 09 July 2014.* |
| 7 | **Duration of work** | The length of time the job is expected to take must be entered here.  |
| 8a | **Access and egress** | This must be specific so that all the hazards along the route may be considered. All areas outside this route are prohibited and therefore, the working party does not have to be made aware of them. **Should the access/egress change during the course of the job, this should be mentioned, stating at which point the change occurs and naming the new route.** |
| 8b | **Assembly point** | The Assembly point that the contractor is to go to and the egress they are to use to get there should be entered here. E.g. *Out through reception doors into car park.* |
| 9 | **Number of employees** | The range of men to be employed on the job to be stated as accurately as possible*. E.g. 3 to 6 men plus 1 supervisor.* |
| 10 | **Emergency number** | The Contractor’s 24-hour telephone number or numbers to be contacted in the event of an emergency should be entered here.*e.g. 029 20 \*\*\*\*\*\* and after 6 p.m. Mobile 07977 \*\*\*\*\*\** |
| 11 | **Equipment** | The tools and equipment to be used to complete the job are required to be **detailed** here, along with any relevant safety precautions to be taken. **See example Fig 1.** |
| 12 | **Personal Protective Equipment (PPE)****(*This must be specific equipment*)** | **P.P.E. is only to be used as a last resort.** It should only be used to minimise risk when there is no other reasonably practicable means of doing so. This in mind, the need to use the correct P.P.E. is crucial. A general description, e.g. ‘*Gloves’* is **NOT** acceptable. By following the table headings you can ensure the P.P.E. selected is the correct one for the respective hazard. **See example Fig 2.** |
| 13 | **Hazardous substances** | All substances hazardous to health are to be assessed. The risks to health and the necessary controls are to be made known to all members of the working party and Public Health Wales. This will allow Public Health Wales to pass the relevant information to other working parties in the area. Does Public Health Wales have any COSHH information from other working parties that you need to be made aware of? **See example Fig 3.** |
| 14 | **Sub-contractors** | Any sub-contractor companies to be used on the contract are to be named**Remember: All sub-contractors to be used must be on or have been approved via the Use of Pre-Qualifying Questionnaire and have their own Method Statement (MS)**. **All contractor employees must be in possession of asbestos awareness/competence and designation competence certificates/evidence.** |
| 15 | **Technical content of job** | This section should include all relevant technical information and engineering standards *e.g. (i) steel cladding sheets 3m x 1m, gauge 2.5 mm, will be secured vertically using 4” high tensile steel bolts to EN\*\*\*\*\** |
| 16 | **Safety risk assessment** | There is a requirement that the contractor conducts a **FULL and THOROUGH RISK ASSESSMENT** of the job to be undertaken, all aspects of the task need to be thought out and all significant hazards identified both to personal safety. The risks associated with those hazards also need to be identified and along with the people who may be harmed by the hazard, the control measures necessary to eliminate or reduce the hazard to an acceptable level must be clearly outlined.**See example Fig 4.** |
| 17 | **Safety content of job** | This section should be a clearly defined step-by-step method in chronological order, of how the job is to be **SAFELY** completed. It should be written in a manner which will allow the working party to follow a safe method. **All** the relevant information from the preceding sections is to be included namely; **i) Specific access and egress** to and from the job**ii) Equipment to be used** and respective safety precautions**iii) Specific P.P.E.** to be worn throughout the work**iv) COSHH information** i.e. risks to health plus the necessary control measures **v) Sub-contractors**; when and for what they will be used**vi) Controls** necessary to eliminate or reduce the identified risks to people to an acceptable level. |
| 18 | **Environmental risk assessment** | There is a requirement that the Contractor conducts a **FULL and THOROUGH RISK ASSESSMENT** of the job to be undertaken, all aspects of the task (*e.g. C.O.S.H.H*. data) need to be thought out and all significant hazards identified to the Environment.*For assessing environmental hazards, full consideration needs to be given to any receptors that may be harmed i.e. land, air or water course/effluent system or storm drains and control measures clearly identified* **See example Fig 5.** |
| 19 | **Signature of Contractor** | A senior member of the contracting company must review the content of the MS, to ensure it is accurate and reflects the task. That person must then **sign and date** the MS. |
| 19a | **Supervisor signature** | The Supervisor must print, sign name and date the proforma (for each shift) to identify that he/she has fully understood the content of the MS.  |
| 19b | **Supervisor signature** | The Supervisor must print, sign name and date the proforma (for each shift) to identify that he/she has seen the Asbestos Register and fully understood where asbestos is present and has communicated this information to the working party. |
| 19c | **Working party signature** | The Supervisor must communicate the information contained within the MS to all the working party. The Supervisor must then receive a signature, name in print and date on the proforma from each individual. |

**Example (Fig 1) – as required by MS Box 11 (equipment)**

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| **a. Equipment to be used (examples only)** | **b. Safety precautions required:** |
| *2x 1.5 Ton wire ropes,* *1x 2.0 Ton hoist block,**1x 2.0 Ton pull lift* | *All to have valid certificates.* |
| *Carpenters tool kit* | *Fit for purpose. Trained and competent craftsmen.* |
| *Electrical generator* | *Generator to either have its exhaust vented to outside or to be actually located outside.* |
| *Carbon dioxide fire extinguisher* | *Must have been inspected in the last six months and tagged.* |
| *Scaffolding* | *Scaffold to be inspected at the start of every shift to ensure it is complete and has a valid Scafftag. Any defects must be reported to the scaffolder immediately and the scaffold not used until defects have been rectified*. |

**Example (Fig 2) – as required by MS Box 12 (PPE)**

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| **a. Type:** | **b. Make and model:** | **c. To protect against:** |
| *Safety glasses* | *Kestrel K801A* | *Wind borne dust* |
| *Safety boots* | *Goliath Moulder’s boots* | *Falling items* |
| *Dust mask* | *3M8810 P2* | *Nuisance dust* |
| *Gloves* | *MAPA Telsol* | *Good resistance to solvents, oils and greases* |
| *Gloves* | *MAPA Telred* | *General purpose glove* |

**Example (Fig 3) – as required by MS Box 13 (hazardous substances)**

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| **a. Hazards** | **b. Health risk?**  | **c. Controls to be used?** |
| *Sulphuric acid/battery acid* | *Moderate toxicity, corrosive. If ingested it can cause abdominal pain, vomiting, diarrhoea.* **Contact with skin:** *may caused burning and redness*. **Contact with eyes:** *may cause pain, redness, watering and blurred vision. May cause permanent damage.* **Contact with respiratory tract:** i*rritant, sore throat, cough, shortness of breath. Possible systemic effects.* | *Safety goggles, impervious clothing and/or gloves. Respiratory protection required where repeated or prolonged inhalation of a mist of sulphuric acid is known or suspected. Ventilate area well where mist production suspected.* |

**Example (Fig 4) – as required by MS Box 16 (safety risk assessment)**

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| **a. Hazards** | **b. People at risk?**  | **c. Controls to be used?** |
| *Working at height – items/people falling from height* | *Working party members* | *Scaffold to be erected and tagged by trained and competent person.* *Toe-boards fitted.**Ladders tied off.*  |
| *Slips/trips*  | *Working party members/people in vicinity of work area* | *Good levels of housekeeping.**Cables run out of traffic routes.**Cable boards used.* |