Control of Contractors Guidance:

**Risk assessment method statement template**

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| **1. Contractor Company:** | | **Public Health Wales**  **Safety No. (tbc after PPQ has been developed)** | **2. Public Health Wales area where work is to be done:** | |
| **3. Exact location of work:** | | | **4. Order number:** | |
| **5. Job description:** | | | | |
| **6a. Anticipated start date:** | **6b. Anticipated end date:** | | | **7. Duration of work:** |

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| **8. Access and egress:**  **To and from the normal place of work. This MUST be specific as all other areas become prohibited.** | | | | | |
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| **a. Assembly point:** | | | | | |
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| **9. Number of employees:** | | | | **10. Emergency telephone number: (24 hour)** | |
| **11. Equipment:** | | | | | |
| **a. To be used:** | | | | **b. Safety precautions required:** | |
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| **12. Personal protective equipment To be used:** | | | | | |
| **a. Type:** | **b. Make and Model:** | | **c. To protect against:** | | |
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| **13. Hazardous substance to be used:** | | | | | |
| **a. Hazardous Substance:** | | **b. Risk to Health?** | | | **c. Controls required:** |
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| 14. **Sub-contractors to be used: All must be Public Health Wales approved and have their own Method Statements (attach here)** | | | | | | | | | |
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| **15. Technical content of the job:** | | | | | | | | | |
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| **16. Risk assessment of the work to be done. What/Who are the:** | | | | | | | | | |
| **a. Hazards?** | **b. Risk to people?** | | | | | **c. Controls to be used?** | | | |
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| **17. Safety content of the job:**  **Using ALL the controls listed above in 8,11,12,13,14,15 and 16, describe clearly how you are going to complete the work:** | | | | | | | | | |
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| **18. Environmental risk assessment of work to be done. What are they?** Environmental assessment and controls to prevent/minimise impact on environment Consider the work/tasks to be undertaken and how this may impact the environment. For each identified impact event, briefly describe the mechanism and scale and state control measure to be employed. | | | | | | | | | |
| **Impact on the environment** | | **Y/N** | | **Mechanism of release – accidental spillage of fuel oil, waste not being contained, excavation - dust generation** | | | | **Control measures – bunds, skips,** | | |
| Will the project generate waste? If yes, then how will the waste be generated and disposed of? | |  | |  | | | |  | | |
| Is diesel/oil/grease being brought on site? If yes, indicate spillage and disposal arrangements. | |  | |  | | | |  | | |
| Are chemicals and other harmful materials being used during the project?  If yes, how will they be contained or stored? | |  | |  | | | |  | | |
| Will the project create any emissions (dust or fume) to the atmosphere (air)?  If yes, how will the emissions be produced and controlled? | |  | |  | | | |  | | |
| Will the project create any effluent?  If yes, what effluent will be generated and how will it be disposed of? | |  | |  | | | |  | | |
| Is there a potential for noise to be generated from the project?  If yes, how will it be assessed and managed? | |  | |  | | | |  | | |
| Is there a potential for light to become a nuisance?  If yes, how will it be assessed and managed? | |  | |  | | | |  | | |
| Is there a potential for the project to create smoke, fume or an odour?  If yes, how will it be assessed and managed? | |  | |  | | | |  | | |
| Are there other environmental considerations that will need to be considered, assessed and managed? | |  | |  | | | |  | | |
| 19a. I being the Supervisor understand the requirements of this Method Statement and will communicate the information contained within to the working party. | | | | | | | | | | |
| SUPERVISOR SIGNATURE | | | | | PRINT | | | | DATE | |
| 1 | | | | |  | | | |  | |
| 2 | | | | |  | | | |  | |
| 19b. I being the Supervisor have consulted the asbestos register and fully understand where asbestos is present and have communicated this information to the working party. | | | | | | | | | | |
| SUPERVISOR SIGNATURE | | | | | PRINT | | | | DATE | |
| 1 | | | | |  | | | |  | |
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| 19bc. Working party – I have been fully briefed and understand the requirements of this Method Statement. | | | | | | | | | | |
| SIGNATURE | | | PRINT | | | | DATE | | | |
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