

JJ Cleaning Services

Method Statement

Ref No.:

Description of the Task/Activity:				
Project Name:		Project Ref:		
Site Address/ Location:		Start Date/Time:		
		Finish Date/Time:		
Personnel involved:	Name	Role/Trade		
Works Supervisor:		Role:		Tel:
Key Plant and Tools Required:				
Key Materials Required:				
Other Essential Equipment:	(ie: access platforms/winches/ladders etc)			
Specific Identified Residual Hazards: (or refer to the task specific risk assessment(s))				
Specific Staff Training Requirements:				

Sequence of Operations:

(Specifying methods of working, tools, materials and equipment utilised)

Temporary Supports and Props needed to facilitate the works:

(If none, state none.)








Method of Access and Egress to the work area:

(ie: Ladders/MEWPS/Scaffold/Trestles/Step Ladder etc)

Fall Protection Measures:

(Where work at height cannot be eliminated - consider both Personnel & Materials)

(ie: Guard Rails/Toe Boards/Brick Guards/Safety Harnesses/Exclusion Zones etc)

SWL's:	(Detail any limits on the loadings applicable to temporary plant/equipment or fixed elements of the structure where the work is taking place.)						
Required Personnel Protective Equip.:							Other: 1. 2. 3.
	Safety Boots	Hard Hats	Safety Gloves	Hearing Protection	Respiratory Protection	Eye Protection	
Emergency Procedures:	<p>FIRE – If minor, immediately sound alarm and alert all those present within the premises and tackle same with on site fire extinguishers. Call 999 if not brought under immediate control. If major, evacuate building and call 999. Report in accident book and RIDDOR. Notify H&S Advisor to investigate.</p> <p>ACCIDENT – Report immediately to site supervisor. Action to be taken as per company Health and Safety Policy.</p>						
 First aid Facilities:	Name of On-Site First Aider:						
	First Aid Box Location:						
	Location of Nearest Hospital:						
Other Information & Comments:							

All work will be undertaken by qualified competent persons with experience of the type of work described above, and in all cases in full accordance with safety procedures specified in the companies Health and Safety Policy.

Prepared by:

Position:

Date:

Reviewed by:

Position:

Date:

Method Statement Briefing Record

Briefing delivered by:

Position:

Date:

We (the undersigned) have read and understood the attached method statement and will comply with the specified requirements and control measures. If the work activity changes or deviates from that originally envisaged, we will seek further advice and request an amended method statement.

Name (Print)	Signature	Date

INFORMATION TO BE INCLUDED IN METHOD STATEMENTS