**METHOD STATEMENT TEMPLATE**

**Part 1: Basic Information**

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| **Project summary** |
| **Project name:** |  | **Project reference:** |  |
| **Summary of the project:** |  |
| **Site address:** |  | **Start date:** |  |
| **Finish date:** |  |
| **Issue date:** |  | **Document number:** |  |

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| **Contracted company’s details** |
| **Company name:** |  | **Main contact number:** |  |
| **Address:** |  | **Name of works supervisor:** |  |
| **Job title:** |  |
| **Contact number:** |  |

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| **Health & safety contact details** |
| **Name:** |  | **Contact number:** |  |
| **Name:** |  | **Contact number:** |  |

**Part 2: Further Information**

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| **Health & safety procedures** |
| **Name of on-site first aider:** |  | **On-site first aid box location:** |  |
| **Address of nearest hospital:** |  | **Designated evacuation meeting point:** |  |

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| **Work permits** *(e.g. Permit to Work, Isolation Certificates)* |
| **Permit name:** |  | **Finalised?:** | Yes/No |
| **Permit name:** |  | **Finalised?:** | Yes/No |

**Staff training requirements**

**Equipment needed** *(e.g. scaffolding, plant, etc.)*

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| **Required personal protective equipment (PPE)** |
|  |  |  |  |  |  |  |
| **Hard hats** | **Safety boots** | **High-visibility jackets** | **Safety gloves** | **Eye protection** | **Hearing protection** | **Respiratory protection** |
| Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |

**Waste disposal arrangements** *(e.g. Hazardous substances that are identified during COSHH Assessments and any other arrangements that are in place)*

**Part 3: Identifying & Managing Risks**

**Order of operations**

A step-by-step method that should include: working procedures; the equipment and materials needed; what hazards will be present; how to reduce the risks associated.

**Other important information**