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| **Business Unit:** | C2V+ | **Contract No. & Name:** | Macclesfield C14998 |

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| ACTIVITY: | Enter activity here | | RAMS Ref.: | 000 | | Rev: | 0 |
| Location and scope of Works: | Enter location and scope of works here | | | | | | |
| Start date: | Enter today’s date here | Anticipated completion date: | | | Leave blank | | |

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| APPROVAL & AMENDMENT RECORD | | | | | | | |
| Rev | Prepared by | | Date | Reviewed / Approved by | | Date | Amendment Details |
| 0 | Name | Leave Blank | 06/06/25 | Name | Leave Blank |  | Leave blank |
| Signature |  | Signature |  |

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| REVIEW / CHANGE LOG | | | |
| Date | Reviewer | Comments | Rev No. |
| Leave blank | Leave blank | Leave blank | Leave blank |
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| Personnel consulted during preparation of this document: |  |

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| Distribution List: | | |
| Name | Company | Position |
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| **RISK ASSESSMENT for:** | | Enter activity here | | | RAMS Ref.: | 000 | | Rev: | 0 |
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| No. | Hazard | Person(s) at Risk | Undesired event | Control Measures  *(List control measures that are required)* | | | Actioned by | | Date |
|  | Insert hazards here | Insert par here | Insert undesired events here | Insert control measures here | | | Insert actioned by here | | Leave blank |
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| ACTIVITY: | | Enter activity here | | RAMS Ref.: | 000 | Rev: | 0 |
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| METHOD STATEMENT | | | | | | | |
| Personnel REQUIRED  *Give the number and role of personnel required to carry out activity including any specific skills, fitness levels, training or qualifications required.* | | | | | | | |
| No. of | Role | | Qualifications / Experience required | | | | |
|  | Insert roles here in this column | | Insert qualifications / experience required here in this column | | | | |
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| Associated Documents: | | | | | | | | | |
|  | | | | Required | | Location of document if not attached to this RAMS | | | |
| Yes | No |
| COSHH Assessment Ref. | | | |  |  |  | | | |
| Lift Plan (Nonroutine) H5503 / R07 | | | |  |  |  | | | |
| Rescue Plan *(for working at height)*: | | | |  |  |  | | | |
| Other Documents: *(such as drawings, sketches, consents, licenses, etc.)* | | | |  |  |  | | | |
| Permits / PLANS Required *Indicate those that apply or enter other contract specific permits* | | | | | | | | | |
| Permit to Break Ground  H1401 / H1401R | Hot Works Permit  HSE27 | Confined Space Permit  HSE21 | Routine Lift Plan  H5503 /  R07 | | Permit to Operate Plant  H0909 | | Work Near Power Lines  H1408 | Temporary Works  Q25 | Permit to Pump  EMS29 |
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| ACTIVITY: | Enter activity here | RAMS Ref.: | 000 | Rev: | 0 |
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| RESOURCES REQUIRED | | | | | |
| Operated Plant | | | | | |
| Enter operated plant here | | | | | |
| Non-Operated Plant / Small Tools / Equipment | | | | | |
| Enter non operated plant here | | | | | |
| Materials | | | | | |
| Enter materials here | | | | | |

| ACTIVITY: | | Enter activity here | RAMS Ref.: | 000 | Rev: | 0 |
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| Programme of Operations and Potential Interface with Others: | | | | | | |
| Sequence of Activities / Safe System of Work  *(to include access / egress, plant & pedestrian segregation, limitations & constraints and state any HOLD POINTS)* | | | | | | **Hold Point** |
|  | **Enter Scope of Works here** | | | | |  |
|  | **Enter Personnel and Responsibilities Here** | | | | |  |
|  | **Enter Hold Points Here** | | | | |  |
|  | **Enter Sequence of Activities Here** | | | | |  |
|  | **Enter rescue plan here** | | | | |  |
|  | **Enter Appliable C2V+ Site Standards Here** | | | | |  |
|  | **Enter CESWI References Here** | | | | |  |
|  | **Enter Quality Control Steps Here** | | | | |  |
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| ACTIVITY: | Enter activity here | | | RAMS Ref.: | | 000 | Rev: | 0 |
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| Mandatory and enteritional PPE required:  *(rigger boots or similar are banned from use, wellingtons can only be used following inclusion in the RA)* | | | | | | | | |
| Mandatory PPE: | | | Task Specific PPE: | | | | | |
| Enter mandatory PPE here | | | Enter task specific PPE here | | | | | |
| Environmental considerations: *Consider Waste Management pollution prevention measures, protected wildlife / sites / trees, noise / vibration / dust, resource use. Refer to H02G03 Environmental Guidance for RAMS* | | | | | | | | |
| Waste Management | | | | | | | | |
| Enter waste management procedures here | | | | | | | | |
| Pollution Prevention *(water & ground; consider fuels, concrete & silt)* | | | | | | | | |
| Enter pollution prevention procedures here | | | | | | | | |
| Protected & Invasive Species | | | | | | | | |
| Enter and protected and invasive species here | | | | | | | | |
| Nuisance *(noise, dust, vibration)* | | | | | | | | |
| Enter any noise, dust and vibration limitation procedures here | | | | | | | | |
| Resource Use *(fuel, water, aggregates, etc.)* | | | | | | | | |
| Enter resource use management here | | | | | | | | |
| Other *(archaeology, NRMM, etc.)* | | | | | | | | |
| Enter anything else here | | | | | | | | |
| Emergency response: | | | | | | | | |
| Event | | Action to be Taken *(indicate location of first aid facilities, fire extinguishers, spill kits, rescue lines)* | | | Emergency Contact Details | | | |
| Fire: | | Enter action to be taken here | | | Enter emergency contact details here | | | |
| Accident: | |  | | |  | | | |
| Pollution: | |  | | |  | | | |
| Water: | |  | | |  | | | |
| Service strike: | |  | | |  | | | |

**Record of briefing of the personnel who are to undertake this work:**

*(Extend the table as necessary to record the briefing on any revisions in separate rows)*

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| ACTIVITY: | Enter activity here | RAMS Ref.: | 000 | Rev: | 0 |
| Briefing Given by: *(name)* |  | Signed: |  | Date: |  |

I confirm that I have received and understood the briefing for the task(s) outlined.

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| Forename | Surname | Role  *(in relation to this task)* | Signature | Date and time |
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| ACTIVITY: | Enter activity here | RAMS Ref.: | | 000 | | | Rev: | 0 |
| **MINOR AMENDMENTS** | | | | | | | | |
| AMENDMENT TO RAMS CARRIED OUT BY *(Supervisor responsible for works)* | | | | | | | | |
| Name | Position | Signature | | | | Date | | Time |
|  |  |  | | | |  | |  |
| AMENDMENT SUMMARY *changes required & reasons for minor amendment(s)* | | | | | | | | |
|  | | | | | | | | |
| Outline of the significant hazards involved: | | | Outline the controls to be followed to do the work: | | | | | |
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| AMENDMENT TO RAMS APPROVED BY *(Manager responsible for works)[if approval by phone call record date & time]* | | | | | | | | |
| Name | Position | Signature | | | Date | | | Time |
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I confirm that I have received and understood the briefing for the task(s) outlined:

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| Forename | Surname | Role  *(in relation to this task)* | Signature | Date and time |
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