**RAMS Checklist**

Not Done. (x) – Done (Ⅴ) or (N/A)

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| --- | --- | --- | --- |
| 0 | DOCUMENT DETAILS | Front & First Pages |  |
| Principal Contractor |  |
| Client |  |
| Engineer |  |
| CDM Co-ordinator |  |
| Project Name and Address |  |
| Name of Person Writing MS |  |
| Method Statement Number, Status, Revision/Version and Title |  |
| 1 | INTRODUCTION | Brief Description of Project |  |
| Section of Works/Reference Element/Task |  |
| Client Details. |  |
| Subcontractor Details. |  |
| Supplier Details |  |
| 2 | SCOPE OF WORKS | Description of Works and what it is covered by the MS. |  |
| Specific Location |  |
| Reference List including: Drawings, ITPs, Other relevant MS, Health & Safety Plan, Fire Plan) |  |
| 3 | PROGRAMME | Start / Finish Dates. |  |
| Interfaces |  |
| Working Hours / Night Work |  |
| Access |  |
| 4 | METHOD | Sequence of works |  |
| Method of Works (Detailed description of all activities) |  |
| Considering: Temporary works, Services (Existing, Temporary and Permanent). |  |
| Communication |  |
| 5 | RISK ASSESSMENT | Identify Hazards and Control Measures |  |
| Task/Material Specific RA |  |
| Elements (Time of Year, Rain, snow, wind) |  |
| PPE |  |
| COSHH |  |
| 6 | CONTROL MEASURES & SUPERVISION | Monitoring, TBT, DABS, Task Sheets |  |
| Appointed Persons |  |
| Induction, Competency (Training). |  |
| Permits and Supervision |  |
| Security arrangements |  |
| Welfare |  |
| Public Interface |  |
| 7 | RESOURCE | Plant |  |
| Staff/Supervision |  |
| Labour |  |
| Materials |  |
| Production Rates |  |
| 8 | ENVIRONMENT | Noise |  |
| Dust |  |
| Vibration |  |
| Waste (Segregation, Disposal) |  |
|  | EMERGENCY PROCEDURES & CONTACTS | Project Emergency and Fire Plan |  |
|  |  | Detail description of Emergency procedures and Evacuation for the tasks described in this Method Statement. |  |
|  |  | List of numbers for First Aid Personnel & Emergency Contact |  |
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