

# Create Your RAMS

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## Project Details

Enter the specific details for this project to complete the document.

### Company Information

Company Name \*

e.g. Acme Construction Ltd

Company Address (Optional)

e.g. Unit 5, Trading Estate, London

Company Phone (Optional)

e.g. 020 7123 4567

### Project Information

Client Name \*

e.g. ABC Property Developments

Project Reference (Optional)

e.g. PROJ-2025-001

Site Address \*

e.g. 123 High Street, London, SW1A 1AA

Assessment Date \*

## ⚠ Emergency Information

Emergency Contact \*

Name and phone number

Nearest Hospital \*

Name and distance from site

First Aid Kit Location (Optional)

Assembly Point (Optional)

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# RAMS DOCUMENT

Risk Assessment & Method  
Statement

Compliant with Health & Safety at  
Work Act 1974

**PROJECT INFORMATION**

<b>Trade / Activity</b>	Bricklayer
<b>Client Name</b>	[Enter Client Name]
<b>Site Address</b>	[Enter Site Address]
<b>Date</b>	[Select Date]

**EQUIPMENT & SAFETY GEAR**

<b>Required PPE</b>	Hard Hat, Safety Boots (Steel Toe), Hi-Vis Vest, Gloves (Nitrile/Grip), Eye Protection, FFP3 Mask
<b>Tools &amp; Equipment</b>	Trowel, Spirit Level, Cement Mixer, Shovel, Brick Hammer, Line & Pins, Block Splitter

**METHOD STATEMENT (SEQUENCE OF WORKS)**

1. Arrive on site and report to the site office for induction.
2. Inspect the work area and ensure it is safe to proceed.
3. Check scaffolding is tagged and safe for use.
4. Set up the mixing station in a designated area.
5. Mix mortar using the cement mixer, ensuring dust suppression.
6. Transport materials to the work area safely.
7. Lay bricks/blocks according to the drawings.
8. Keep the work area tidy and free of trip hazards.
9. Clean tools and equipment at the end of the shift.
10. Dispose of waste in designated skips.

**RISK ASSESSMENT**

The following hazards have been identified and control measures implemented:

<b>Hazard Identified</b>	<b>Control Measures</b>	<b>L</b>	<b>S</b>	<b>R</b>
Respirable Crystalline Silica (RCS) Dust	Use water suppression systems when cutting bricks and wear FFP3 respiratory protection.	4	4	<b>1</b>

## EMERGENCY PROCEDURES

**Emergency Contact:**  
[Enter Contact]

**Nearest Hospital:**  
[Enter Hospital]

In the event of an emergency:

- Stop work immediately and make the area safe if possible.
- Raise the alarm and alert others.
- Contact the emergency services if required (999).
- Report to the designated assembly point.
- Do not re-enter the work area until authorised.

## DECLARATION

I confirm that I have read and understood the method statement, risk assessment, and emergency procedures above. I agree to work in accordance with the control measures outlined to ensure the safety of myself and others.

**Signed (Operative):**  

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**Date:**  

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**Signed (Supervisor):**  

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**Date:**  

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