|  |  |
| --- | --- |
| **Architectural Film (installation of)** | |
| **Project** | Texttexttext1 |
| **Date** | Texttexttext2 |
| **Duration** | Texttexttext3 |
| **Contract Manager** | Anthony Rose |

|  |  |  |
| --- | --- | --- |
| **Organisation and planning** | | |
| The following people are responsible for planning, procurement and supervision of this project; | | |
| **Name** | **Responsibility** | **Telephone** |
| Anthony Rose | Director | 07584 901 900 |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Nature of works** |
| Installation of architectural film and associated work to communal bathrooms.  Texttexttext9 |

| **Planned sequence of work** |
| --- |
| The following is the planned sequence of work;   * Identify current work area. * Inform site/occupants of work taking place that day. * Set out with appropriate safety warning signs and barriers. * Prepare equipment for use, i.e. towers (for work at height). * A scan of the walls will be completed * A sample installation will be completed & approved by the client, prior to all works being carried out. * Remove the surfaces as per specification for works to begin. * Prepare and make good of surfaces ready for installation. * Application of film to surface. * Area to be cleaned and client invited to inspect, before formal handover. |

|  |
| --- |
| **Site set up** |
| * Ensure welfare facilities available (client allows use of on-site facilities – providing kept clean). * Office for this project supplied by client on site e.g. facilities manager suite. * Set up storage area by arrangement with site authority. Area required for materials e.g. architectural film, ladders and equipment. * Ensure parking arrangements for company vehicles and arrangements for loading and unloading.   **Daily**   * Identify current work area – set out with appropriate safety warning signs. * Set up access equipment as required from compound (ladders & MEWP as required). * Inform occupants of work taking place that day. * At the end of the day the area will be cleaned (swept clean) and all materials and access returned to storage area (unless by prior arrangement with site authority). * Handover to client. |

| **Prohibitions and restrictions** |
| --- |
| * **Asbestos Containing Materials (ACM)** – These may be present in buildings built before the year 2000. No work is to commence until a formal clearance is issued confirming that no ACM is present or will not be disturbed by the work. * **Lone working** – As per procedure and risk assessment. |

|  |
| --- |
| **Work equipment** |
| The following items of work equipment may be required to carry out and progress the work;   * All general trade tools. * Portable tools including scanner, heat gun & sander. * Access equipment: ladders, steps, towers and trestles. * Mechanical aids.   All tools will be 110v or battery operated. All tools will be fitted with dust extraction devices where possible. |

| **Personal protective equipment** | | | | | |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Personal protective equipment must be worn according to what is required by the procedures, permits to work and risk & COSHH assessments, being used for the tasks associated, for this method statement. | | | | | |

|  |
| --- |
| **Materials** |
| * Cleaning chemicals – see COSHH Assessments. * Architectural film; LG interior film – RS55.   All materials as per specification, supplier or manufacturer’s recommendations.  Texttexttext10 |

|  |
| --- |
| **Access & egress** |
| Access for workforce/materials to the site (include routes and arrangements for off-loading & site storage);   * Access to site roads. All operatives booking in and out as required by site security. * All operatives will go through the site safety and security induction before being allowed to work on site. * Loading out & waste removal to be undertaken during normal working hours. * Materials to be delivered on a ‘just in time’ basis. * All materials to be stored within designated site compound or secured tool in site facilities compound. * Access to workface internally within site. |

|  |
| --- |
| **Isolations, terminations and special measures** |
| * Isolation of electrics – as required. * All operatives & visitors to attend site induction. * Operators of plant are trained and authorised to operate the relevant class of equipment they will be asked to operate. |

|  |
| --- |
| **Housekeeping and waste removal** |
| * Site to be kept tidy throughout shift with escape routes free from waste, tools and materials. * Waste and debris to be bagged up and removed at end of each shift. * Where it can be done, materials will be segregated for recycling – this may be done off site. |

|  |
| --- |
| **Welfare** |
| We will provide/construct the following welfare facilities in accordance to the CDM Regulations 2015;   * Toilet and washing facilities; as agreed. * Changing facilities; as required. * Canteen facilities; as required. * Office facilities; as agreed.   All operatives are expected to respect any facilities provided for their use, keep them clean and not abuse them. |

|  |
| --- |
| **First aid** |
| * First Aid box on site with eye wash bottle (site office). * First Aid box also carried on vehicles. * Nominated person for First Aid: Site Supervisor. * Serious injuries to be treated at local hospital. Texttexttext6 * All injuries to be reported and recorded in site accident book as well as the company accident report and accident book. |

|  |
| --- |
| **Fire and emergency** |
| * All operatives/visitors inducted on site into the local emergency procedures and advised of assembly point. * Fire point(s) provided for this project. * Emergency escape routes as advised at induction – all works are external. There is plenty of ‘safe’ space on this site. * All accidents reported immediately on 07584 901 900. |

|  |
| --- |
| **Procedures** |
| Refer to relevant procedures available in the HSE Management System. |

|  |
| --- |
| **Risk assessments** |
| All assessments are site specific – see attached.   * Fire. * Hand Held Tools (use of). * Housekeeping & General Activities. * Machinery (working with). * Manual Handling. * Noise. * Occupied Property (working in). * Pedestrians (and the public). * Portable Tools (use of). * Vehicles (use of). * Work at Height (ladders, steps & podiums). * Work at Height (towers).   All contractors will be required to provide the appropriate RAMS for their particular works. Where they do not have these, they will be required to follow our RAMS. |

|  |
| --- |
| **COSHH** |
| The following assessments must be used in conjunction with this method statement as part of an overall safe system of work;   * Isopropanol. * Surface Cleaner.   A COSHH assessment will be undertaken for all hazardous substances & materials used and will be available on site and at head office. Copies can be made available upon request. |
| **Comments** |
| All operatives will be briefed on the work to be done and also any special requirements of the site.  No works are to start unless a survey/assessment or suitable information is received on the presence of asbestos containing materials. All operatives have undergone asbestos awareness training. |

|  |  |  |
| --- | --- | --- |
| **Copies issued to** | | |
| **PLEASE SEE PRE-WORKS SIGN OFF SHEET FOR SAME PROJECT ON DOCUSIGN** | Site File – Yes / No | Client – Yes / No |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Checked and accepted by** | Anthony Rose | **Position** | Director |
| **Signed** |  | **Date** | 4/1/23 |

|  |  |  |  |
| --- | --- | --- | --- |
| This method statement is part of a safe system of work and has been explained to the following individuals.  I the undersigned attest that I have read (or had explained to me) the method statement and the risk & COSHH assessments relevant to the works.  I confirm that I understand the responsibilities and duties required for health and safety at work; and acknowledge that I must work in accordance with the safety instructions and I agree to be bound by and act in accordance with them.  I will report any unsafe situation or event to my Supervisor immediately. | | | |
| **Date** | **Name** | **Employer (if contractor)** | **Signature** |
|  | **PLEASE SEE PRE-WORKS SIGN OFF SHEET FOR SAME PROJECT ON DOCUSIGN** | **PLEASE SEE PRE-WORKS SIGN OFF SHEET FOR SAME PROJECT ON DOCUSIGN** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |