|  |  |
| --- | --- |
| Surveying | |
| Project | 123 desdes |
| Date | september 2023 |
| Duration | 2 months |
| 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 |
| Surveying duties prior to operatives commencing installation of architectural film and associated work. testing1 |

| 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 if required. Prepare access equipment for use, i.e. ladders. Inspection of area undertaken. Measuring up of surfaces where film will be installed. A scan of the walls will be completed. Operative to advise client once complete. |

|  |
| --- |
| 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. Confirm storage area 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 for operatives carrying out installation.  Daily  Identify current work area – set out with appropriate safety warning signs. Set up access equipment as required from compound (ladders as required). Inform occupants of work taking place that day. |

| 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 surveying tools such as tape measure, laser measuring tool, scanner. Access equipment: ladders, steps, trestles. |

| 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 |
| No materials required during the surveying process. testing2 |

|  |
| --- |
| 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 safety and security induction if required by site/premises. |

|  |
| --- |
| Isolations, terminations and special measures |
| All operatives & visitors to attend site induction. |

|  |
| --- |
| Housekeeping and waste removal |
| Site to be kept tidy throughout survey with escape routes free from tools and equipment. |

|  |
| --- |
| 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 to be advised by site/premises. Serious injuries to be treated at local hospital.  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 Lone working Manual handling Pedestrians (and the public) Vehicles (use of) Work at height (ladders, steps & podiums)  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 |
| 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 any special requirements of the site. |

|  |  |  |
| --- | --- | --- |
| 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 |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |