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| **GENERAL** | | | | | | | | | |
| **Contractor** | | **Name of In-charge** | | | | **Mobile:** | | | |
| **E-mail:** | | | |
| **Project Name** |  | | | | | | | | |
| **Description of the Work** |  | | | | | | | | |
| **Work Location** |  | | | | | **Start Date/Time:** | |  | |
| **Finish Date/Time:** | |  | |
| **Key Personnel Involved in work execution** | **Name and/or Designation** | | | | **Roles, Responsibility & Authority** | | | | |
|  | | | | Work In-charge | | | | |
|  | | | | Engineer In-charge | | | | |
|  | | | | Work Supervisor | | | | |
|  | | | | Quality In-charge | | | | |
|  | | | | Safety In-charge | | | | |
| **Estimation of Work Force** | **Type** | | **Number** | **Specialist/Trade Expert** | | | | | **Number** |
| Skilled Workers | |  | Electrician | | | | |  |
| Semi-Skilled Workers | |  | Equipment Operator | | | | |  |
| Unskilled Workers | |  | Carpenter | | | | |  |
|  | |  | Plumber | | | | |  |
|  | |  | Signal Man | | | | |  |
|  | |  | Any other specialist | | | | |  |
| **Assessment on Competency & Medical Fitness** [Certificate to be submitted before start of work] | **Type** | | **Specify Qualification/ Experience Certification needed\*** | | | | **Specify Medical Fitness Certification needed\*** | | |
| Electrician | |  | | | |  | | |
| Equipment Operator | |  | | | |  | | |
| Carpenter | |  | | | |  | | |
| Plumber | |  | | | |  | | |
| Signal Man | |  | | | |  | | |
| Any other specialist | |  | | | |  | | |

\*Refer the guideline enclosed.

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| **[B] WORK PLAN (Attach Annexure on the details of sequence of activities)** | | | | | | | | | | | | | | |
| **Sr. No.** | **Sequence of Activities**  [From 1st to last Activity] | | | | | | | | | | **Indicate Reference To**  [Drawing/Plan/Specification/SOP] | | | |
| 1 |  | | | | | | | | | |  | | | |
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| 9 |  | | | | | | | | | |  | | | |
| 10 |  | | | | | | | | | |  | | | |
| **[C] EHS REQUIREMENTS** | | | | | | | | | | | | | | |
| **Equipments & Tools**  [Submit Test Certificate before start of work] | | **List of Equipments, Tools & Tackles** | | | | | | **Indicate**  **Fitness Test & Certification Needed** | | | | | | |
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| **Enablers Required**  [Access Platform, Winches, Ladders etc.] | | **List of Enablers** | | | | | | **Indicate IS Code/Others for conformance** | | | | | | |
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| **Non- acceptable Hazards/Risks**  [Attach HIRAC] | | **Control Measures to be ensured against Hazards/Risks** | | | | | | | | | | | | |
| **Engineering Controls** | | | | | **Administrative Controls** | | | | | | | **PPE** |
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| **Work Area Access/**  **Egress**  [Attach sketch to illustrate] | |  | | | | | | | | | | | | |
| **If “Permit to Work” required** | | Yes/No (if Yes, then specify Permit to Work) | | | | | | | | | | | | |
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| **Hazardous Substances**  [Attach MSDS if required] | | File:DIN 4844-2 Warnung vor feuergefaehrlichen Stoffen D-W001.svg  Highly Flammable | http://actrav.itcilo.org/actrav-english/telearn/osh/kemi/dan13.gif  Acute Toxic | | http://actrav.itcilo.org/actrav-english/telearn/osh/kemi/dan15old.gif  Corrosive | http://actrav.itcilo.org/actrav-english/telearn/osh/kemi/dan11.gif  Oxidizing | | | | | | http://actrav.itcilo.org/actrav-english/telearn/osh/kemi/dan10.gif  Explosive | | http://actrav.itcilo.org/actrav-english/telearn/osh/kemi/dan16.gif  Dangerous for environment |
| **Applicable:** | | Yes/No | Yes/No | | Yes/No | Yes/No | | | | | | Yes/No | | Yes/No |
| **Storage of Hazardous Substance** | | **Name of Substance** | | | **Precaution for Storage & Handling** | | | | | | | | | |
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| **Emergency Plan/Procedures** | | (Refer Plan/Procedure) | | | | | | | | | | | | |
| Sign First Aid Box With Symbol | | **On-site Medical Aid** | | | | | | | | **Off-site Medical Aid** | | | | |
| Name & contact  of First Aider | |  | | | | | | Location & Contact of Hospital | | | | |
| Location of  First Aid Box | |  | | | | | |  | | | | |
| **Labour Welfare** | | **Requirements** | | | | | | **Indicate Measures to meet Requirements** | | | | | | |
| Accommodation with basic needs [Dormitory, Lavatory, Cooking Place, Washing Place, Drinking Water etc.] | | | | | |  | | | | | | |
| Safety, Health & Hygiene of camp | | | | | |  | | | | | | |
| Medical Aid (Routine and Emergency) | | | | | |  | | | | | | |
| **[D] ENCLOSURES** | | | | | | | | | | | | | | |
| **Enclosures** | | | | | | | | | **Yes** | | | | **No** | |
| Sr. No. |  | | | | | | | |  | | | |  | |
| 1 | Copy of Drawing | | | | | | | |  | | | |  | |
| 2 | Copy of Engineering Plan | | | | | | | |  | | | |  | |
| 3 | Copy of Specification (internal/external) | | | | | | | |  | | | |  | |
| 4 | Copy of HIRAC (Hazard Identification, Risk Assessment & Control) | | | | | | | |  | | | |  | |
| 5 | Work Area Access/Egress Sketch | | | | | | | |  | | | |  | |
| 6 | Copy of MSDS (Material Safety Data Sheet) if applicable | | | | | | | |  | | | |  | |
| 7 | Copy of Quality Assurance Plan (QAP) | | | | | | | |  | | | |  | |
| 8 | Copy of Standard Operating Procedure | | | | | | | |  | | | |  | |
| 9 | Copy of Inspection & Test Plan | | | | | | | |  | | | |  | |
| 10 | Copy of Checklists | | | | | | | |  | | | |  | |
| 11 | Copy of Formats | | | | | | | |  | | | |  | |
| **[E] APPROVAL** | | | | | | | | | | | | | | |
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| Prepared By: | | | Reviewed By: | | | | | | | | Approved By: | | | |
| Designation: | | | Designation: | | | | | | | | Designation: | | | |
| Date: | | | Date: | | | | | | | | Date: | | | |
| Contractor | | | | | | | | | | | Client | | | |

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| **Method Statement Briefing Record**  [Before start of work] | |
| **Briefing Delivered By:** |  |
| **Designation & Date:** |  |

We (the undersigned) have read and understood the attached method statement and will comply with the specified requirements and control measures. If the work activity changes or deviates from that originally envisaged, we will seek further advice and request an amended method statement.

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| **Name** | **Signature** | **Date** |
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