

Work Method Statement

Activity: _____ Contractor: _____

Person completing this statement: _____ Tel: () _____

Persons completing Activity _____

Date: _____ Designated Contract (Routine/Minor/Major) _____

Contract number: _____ Point of Contact: _____

Key Steps	Equipment plant required	Possible hazards	Safety controls including personal protective equipment (PPE)	Licences, qualifications or work permits
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**Note: Contractors must report to reception or to Site Services before commencing work , Contractors must wear Hi-Vis clothing
A copy of the completed form is to be sent to Alan Rosengren - Site Services Manager – before work commences**