METHOD STATEMENT

Project:	City Link Walk	**Project Ref:**	MP
Principal Contractor:	Kilmal	**Project Manager:**	Colin Holmes
Site Address:	City Link Walk Greater Manchester	**Location of the Works:**	City Link Walk Greater Manchester
Description of the Works: Carry out repairs to leaking roof			
Prepared By:	COLIN HOLMES	**Position Held:**	PRINCIPLE DESIGNER
Works Supervisor:	JOHN SCHOFIELD	**Authorised by:**	COLIN HOLMES
Signed:	C, Holmes	**Date:**	W/C 18/03/2024

1. Scope of work:

Removal of buddleia, vegetation removal, mortar repair & graffiti removal to the content wall.

Full jetwash/steam clean, graffiti removal and mortar repairs to the masonry arch bridge.

New brick to infill panel on retaining wall.

Replace any missing bricks and mortar repair to the gable end.

2. Responsibility & Supervision:

Colin Holmes – Operations Director
John Schofield – Working Site Manager

3. Competence / skills:

CSCS CARD –CIVILS TEAM NVQ LEVEL 3

Name	Role	Competence Details
JOHN SCHOFIELD	Working Site Manager	Experienced in construction NVQ level 3 CIVILS (Gold Card)

4. Work Methods & Sequence:

1. ISOLATE THE AREA AND BARRIER OFF
2. REMOVE AND TREATMENT OF BUDDLEIA AND VEGETATION REMOVAL USING MEWPS
3. FULL JETWASH/STEAM CLEAN, GRAFFITI REMOVAL AND MORTAR REPAIRS
4. NEW BRICK TO INFILL PANEL
5. REPLACE ANY MISSING BRICKS AND MORTAR TO THE GABLE END
6. ENSURE STRUCTURALLY SOUND AND HOLES FILLED LEVEL AND EVENLY
7. LEAVE SITE CLEAN AND TIDY

5. Permits / controls:

Permit to Work (General) Permit to Enter (Confined Space) ☐ Permit to Lift ☐

Hot Work Permit Out of Hours Work Permit ☐ Demolish ☐

Permit to Dig ☐ Live Electrical Permit ☐ Other Permit ☐

6. PPE:

Other PPE:

1. N/A

2.

Safety Boots	Hard Hat	Safety Gloves (Task specific)		Respiratory Protection	Eye Protection (Task Specific)	3. 4.
Y ☒ N ☐	Y ☒ N ☐	Y ☒ N ☐	Y ☐ N ☒	Y ☒ N ☐	Y ☒ N ☐	

Above is subject to task specific RA being undertaken.

7. Plant / Machinery & Equipment:

3 X MEWPS

JETWASH & STEAM CLEANER

Equipment Description	Test Certificate Details	Operator Details
MEWPs (Yet to be concluded)		**JOHN SCHOFIELD**

8. Materials:

MORTAR, BRICKS, HAND TOOLS

9. Occupational Health:

Low risk throughout this project – however monitored via the office regular.

10. Third Parties / co-ordination:

N/A

11. Emergency Procedures:

As per the site induction and site rules.

12. First Aid:

Name of First Aider:	JOHN SCHOFIELD
Box Location:	KILMAL VAN
Location of Nearest Hospital:	Manchester Royal Infirmary Oxford Road, Manchester, Greater Manchester, M13 9WL

13. Specialist Subcontractors:

N/A

14. Risk Assessments/COSHH:

Risk Assessment (See Attached Risk Assessment/s):	*Coshh assessments will be completed during the project and procurement phase.*

COSHH: (ie: Lubricants/Solvents/Flammable Materials/)

Explosive	**Flammable**	**Oxidising**	**Compressed Substance**	**Corrosive**	**Toxic / Harmful**	**Human Health**	**Environment / Aquatic**
Y ☐ N ☐	**Y ☒ N ☐**	**Y ☐ N ☐**	**Y ☐ N ☐**	**Y ☐ N ☐**	**Y ☐ N ☐**	**Y ☐ N ☐**	**Y ☐ N ☐**

15. Document Change & Document Control:

1. To be undertaken by JOHN SCHOFIELD

16. Communication:

1. Day to day communication to be via COLIN HOLMES AND JOHN SCHOFIELD

SUPERVISOR IN CHARGE OF THE WORK:

I confirm that I have read and understand the requirements of this method statement and associated risk assessments and will ensure their communication to operatives under my control and to those who may be affected by its requirements. Andy Hilton will induct all operatives onto site and ensure their site-specific RAMS are read and signed ahead of works commencing.

Signed:	J, SCHOFIELD	**Date:**	18/03/2024
Print Name:	JOHN SCHOFIELD	**Supervisor:**	JOHN SCHOFIELD

Communicate the contents of the Method Statement to all those involved or affected by the works.

Operative Receipt Acknowledgements

Name:	Signature: