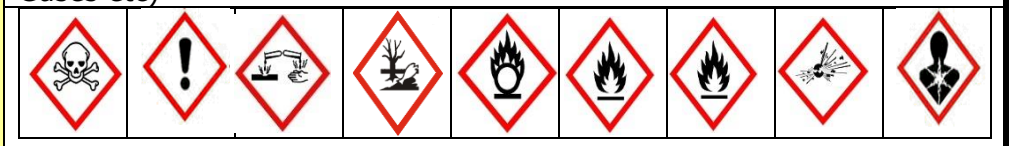
Method Statement Template Ref No.001:

Description of the Task/Activity:	Removing Brick Boundary wall				
Project Name:	Didsbury Rugby Club		**Project Ref:**	001	
Site Address/ Location:	End of ford lane Didsbury		**Start Date/Time:**	End of October	
			Finish Date/Time:		
Personnel involved:	**Name**		**Role/Trade**		
	To be selected		Labourer		
	To be selected		Labourer		
Works Supervisor:	P Taylor	**Role:**	Site Manager	**Tel:**	07385 019782
Key Plant and Tools Required:	Chapter 8 Barriers, Lump hammers, cold chisels, brush, shovels, cart Enclosed Skip				
Key Materials Required:	N/A				
Other Essential Equipment:					
Specific Identified Residual Hazards: (or refer to the task specific risk assessment(s))	Manuel Handling				
Specific Staff Training Requirements:	Manual Handing				

Sequence of Operations: (Specifying methods of working, tools, materials and equipment utilised)	Erection of barriers, To given safe working area. Use of cold chisel to loosen and remove bricks and mortar One operative to removed bricks and one operative to cart to skip And to swap over roles regular. Footing to be inspected when wall removed and method determined With construct detail found on site so as not to damage tree root system
Temporary Supports and Props needed to facilitate the works:	none
Method of Access and Egress to the work area:	Barriers to form working safety zone
Fall Protection Measures: (Where work at height cannot be eliminated - consider both Personnel & Materials)	The wall is to be removed brick by brick to control the safe removal Of the wall so as not to damage the lime tree.
Hazardous Substances: (Attach COSHH Assessments and MSDS)	(ie: Lubricants/Solvents/Flammable Materials/Refrigerants/Welding Gases etc)



Applicable:	**No**	**No**	**No**	**No**	**No**	**No**	**No**	**No**	**No**

SWL's:	No load limits

Required Personnel Protective Equip.:	Safety Boots	Hard Hats	Safety Gloves	Hearing Protection	Respiratory Protection	Eye Protection	**Other:** 1.
	Yes	**Yes**	**Yes**	**No**	**No**	**Yes**	

Emergency Procedures:	Operative to ring Site Manager	
First Aid Facilities :	**Name of On-Site First Aider:**	P Taylor
	First Aid Box Location:	**Graham van**
	Location of Nearest Hospital:	**Wythenshawe general**
Other Information & Comments:		

Method Statement communicated to operatives

Date	Name (print)	Signature	Comments

All work will be undertaken by qualified competent persons with experience of the type of work described above, and in all cases in full accordance with safety procedures specified in the company's Health and Safety Policy.

Prepared by:

Position: **Site Manager** **Date: 21/09/23**

Reviewed by:

Position: **Principal Contractor** **Date:**