




BTI Engineering Supplies

Job Number			
Project Name / Client			
Description of the Task/Activity	Install of fridges and bar equipment and coldrooms Dismantle of fridges and bar equipment and coldrooms		
Site Address/Location:		Finish Date/Time	
Site Supervisor: Person in control, with the authority to stop the work at any stage –	Brian Rogers	Tel:	0872518090
Safety Officer		Tel:	
Key Plant & Equipment (Attach Certification)	Pallet truck,		
Specific Identified Residual Hazards: (or refer to the task specific risk assessment(s))	List of Applicable Risk Assessments. Manual Handling , Working From Heights, Transportation of Materials, Access & Egress, Housekeeping, Noise, - Please find a Comprehensive Risk Assessment Attached.		
Specific Staff Training	<ul style="list-style-type: none"> • Company Safety Induction, • Site Specific Induction , • Manual Handling Training, • Harness Training • Safe Pass • Appropriate CSCS (forklift) All certificates to be attached for the file.		

Sequence of Operations: (include sketches if required)	<ol style="list-style-type: none"> 1. Arrive on site 2. Park vehicle in a safe and suitable location 3. Make contact with Client and inform them of your presence and purpose on site 4. Ensure that you are aware of the first aid provisions, welfare facilities and any site specific rule or requirements. 5. Discuss the task with the site supervisor and identify any site-specific issues prior to commencing set up – ensure the client is satisfied with the method of operation 6. Install temporary cold room structure as agreed with client. 7. Ensure site is left in a safe and tidy manner prior to departure. 					
Storage Arrangements:	All materials and equipment to be stored and parked in designated areas only.					
SWL's:	All lifting equipment must be certified – be aware of the limits of the Equipment					
Required Personnel Protective Equipment:	 Safety Boots	 High visibility clothing must be worn in this area Hi-Vis				
Emergency Procedures:						
	Name of On-Site First Aider:	ce.				
	First Aid Box Location:	In each vehicle.				
	Location of Nearest Hospital:					
Welfare Requirements	To be arranged by					
Other information & 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: Brian Rogers
Position: Operations Manager Date 09/05/2024
Reviewed by:
Position: Date:

Potential hazards include;			
Manual Handling	Noise		
Sharp edges	Electric shock		
Slip/trip hazards	Moving vehicles		
Rotating parts	Transport/Vehicles		
Fire	Contact/Buried cables		
Tools/Equipment			
This is not an exhaustive list; other hazards will become apparent as you consider the job in detail			

Method Statement Briefing Record

Briefing delivered by: Brian Rogers

Position: Manager

Date: 09/05/2024

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.

Name (Print)	Signature	Date
--------------	-----------	------

RISK ASSESSMENT FORM

Form RA2

Use this form to record details of individual risk assessments. Use it in conjunction with the guidance found in the Management of Risk Booklet.

Risk Assessment Number; 01			Date Of Assessment 09/05/2024			
Task / Work Activity / Work Area Assessed; Installation and withdrawal of temporary cold room storage + bar equipment			People Involved In Making This Assessment; Brian Rogers			
Supplementary Checklist Used In Respect Of;						
New And Expectant Mothers <input type="checkbox"/> Fire safety <input type="checkbox"/> Young Persons <input type="checkbox"/> Substances Hazardous To Health <input type="checkbox"/> Display Screens <input type="checkbox"/> Manual Handling <input type="checkbox"/>						
1. Persons Affected By The Activity	2. What Hazards Have Been Identified?	3. Control Measures Already In Place	4. Further Control Measures Identified As Necessary	5. Action on measures listed in Col. 4		6. Work Completed Date And Signature
				Allocated to (Name)	For completion by (Date)	
* Employees * Clients employees	Access/Egress Manual Handling	Access/egress/parking to be arranged All employees informed to comply with these requirements. Materials transported to installation location using pallet truck/forklift. Employees trained in the safe use of forklift and it is inspected annually by insurance engineer. Employees briefed in correct manual handling techniques.				
7. People allocated actions in col. 4 and target dates approved by Manager / Supervisor; Name;		8. Details Of Further Control Measures Required (Column 4) transferred to the Control Measures Action Record: YES / NO On Date:				
Signature;		9. Risk Assessment Reviewed Date and initials of Reviewer;	Brian rogers	09/05/2024		
Date;						

RISK ASSESSMENT FORM

Form RA2

Use this form to record details of individual risk assessments. Use it in conjunction with the guidance found in the Management of Risk Booklet.

Risk Assessment Number; 01			Date Of Assessment 09/05/2024			
Task / Work Activity / Work Area Assessed; Installation and withdrawal of temporary cold room storage + bar equipment			People Involved In Making This Assessment; Brian Rogers			
Supplementary Checklist Used In Respect Of;						
New And Expectant Mothers <input type="checkbox"/> Fire safety <input type="checkbox"/> Young Persons <input type="checkbox"/> Substances Hazardous To Health <input type="checkbox"/> Display Screens <input type="checkbox"/> Manual Handling <input type="checkbox"/>						
1. Persons Affected By The Activity	2. What Hazards Have Been Identified?	3. Control Measures Already In Place	4. Further Control Measures Identified As Necessary	5. Action on measures listed in Col. 4		6. Work Completed Date And Signature
				Allocated to (Name)	For completion by (Date)	
<p>* Employees * Contractors * Public * New & Expectant Mothers * Children * Young Persons * Other vulnerable people*</p> <p>Delete inappropriate entries. Add any affected people not listed.</p>	<p>Use of hand tools</p> <p>Inadequate welfare facilities.</p>	<p>All employees trained in correct use of hand tools. Visual inspected completed on all tool prior to commencing work. Any defective tools are taken out of use immediately for disposal or repair.</p>	<p>contact to inform employees of welfare facilities on site i.e. toilet and canteen facilities where applicable.</p>			
7. People allocated actions in col. 4 and target dates approved by Manager / Supervisor; Name;		8. Details Of Further Control Measures Required (Column 4) transferred to the Control Measures Action Record: YES / NO On Date:				
Signature;		9. Risk Assessment Reviewed Date and initials of Reviewer;		Brian Rogers	09/05/2024	
Date;						

