Your logo

Risk assessment and method statement

RAMS for one job or task. Record your own hazards and controls for this site: do not copy someone else's assessment.

BUSINESS NAME

PHONE AND EMAIL

JOB DETAILS

CLIENT

SITE ADDRESS

PRINCIPAL CONTRACTOR (IF ANY)

START DATE AND EXPECTED DURATION

PREPARED BY AND POSITION

DATE PREPARED

REVIEW DATE

REFERENCE AND VERSION

DESCRIPTION OF THE WORK

HAZARDS TO CONSIDER

- [ ] Working at height (ladders, scaffolds, roofs)
- [ ] Manual handling
- [ ] Dust, including silica from cutting
- [ ] Asbestos (buildings built or refurbished before 2000)
- [ ] Electricity, and hidden or buried services
- [ ] Hot work and fire
- [ ] Noise
- [ ] Hand-arm vibration
- [ ] Hazardous substances (COSHH)
- [ ] Slips, trips and falls
- [ ] Plant, power tools and vehicles
- [ ] Lone working
- [ ] Members of the public, children and pets
- [ ] Excavations and trenches
- [ ] Confined spaces
- [ ] Weather and temperature

RISK RATING

L \ S	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

Likelihood (L) × severity (S), each scored 1 to 5. 1 to 6 low, 8 to 12 medium, 15 to 25 high: stop and add controls before work starts.

EMERGENCY ARRANGEMENTS

FIRST AIDER

FIRST AID KIT KEPT AT

FIRE EXTINGUISHER KEPT AT

NEAREST A&E

ASSEMBLY POINT

EMERGENCY CONTACT

RISK ASSESSMENT

One row per significant hazard. Score the risk with the controls in place. If it is still high, add further action before work starts.

HAZARD	WHO MIGHT BE HARMED, AND HOW	CONTROLS IN PLACE	L	S	RISK	FURTHER ACTION, BY WHOM AND BY WHEN

METHOD STATEMENT: SEQUENCE OF WORK

STEP	WHAT WILL BE DONE	KEY CONTROLS FOR THIS STEP
1		
2		
3		
4		
5		
6		
7		
8		

PPE NEEDED

- ☐ Safety boots
- ☐ Hi-vis
- ☐ Gloves
- ☐ Eye protection
- ☐ Hearing protection
- ☐ Dust mask or RPE (face-fit tested)
- ☐ Hard hat
- ☐ Harness and lanyard

CHECKS BEFORE STARTING

- ☐ Asbestos survey or register checked
- ☐ Services located (drawings, cable detector)
- ☐ Isolation and lock-off
- ☐ Permit to work or hot work permit
- ☐ Scaffold or access equipment inspected
- ☐ Neighbours or occupants told

PLANT, TOOLS AND EQUIPMENT

TRAINING AND CARDS HELD

WELFARE

TOILET AND WASHING

DRINKING WATER AND REST AREA

WASTE

HOW WASTE IS STORED AND REMOVED

WASTE CARRIER REGISTRATION NO.

BRIEFING RECORD

I have read this RAMS, or had it explained to me, and I will follow it.

NAME	COMPANY	SIGNATURE	DATE