



# SAFE SYSTEM OF WORK (SSOW)

## **PROJECT & WORKS DETAILS**

Project Name	Athlone House
Job Code	17038
Principal Contractor	Knight Harwood
Method Statement Number	05
Method Statement Title	Jos -Torc Cleaning
Site Address	Athlone House Hampstead Ln N6 4PL
PAYE Contracts Manager	D.Peachey
PAYE Site Manager	ТВС
PAYE Work Supervisor	ТВС

#### **DOCUMENT CONTROL**

Distribution List	D. PEACHEY (PAYE) A.HUSSAIN (K.HARWOOD)								
Revision Number	Date Issued	Issued By	Signature	Review Date	Reviewed By	Signature			
Initial Issue	23/11/2017	C.Alfrey	C.Alfrey						
1 <sup>st</sup> Revision									
2 <sup>nd</sup> Revision									
3 <sup>rd</sup> Revision									
4 <sup>th</sup> Revision									
5 <sup>th</sup> Revision									
6 <sup>th</sup> Revision									













# **CONTENTS**

RISK ASSESSMENT (RA)	4
RISK LEVEL MATRIX	6
METHOD STATEMENT (MS)	7
SEQUENCE OF WORK	
WORK METHOD	8
JOB SPECIFIC REQUIREMENTS	8
COMPETENCE OF OPERATIVES	9
PERMIT REQUIREMENTS	9
ADDITIONAL ASSESSMENTS	9
PERSONAL PROTECTIVE EQUIPMENT (PPE)	9
SPECIALIST EQUIPMENT ADDITIONAL REQUIREMENTS (PUWER)	11
SPECIALIST LIFTING EQUIPMENT ADDITIONAL REQUIREMENTS (LO	DLER)11
ACCESS REQUIREMENTS	11
NOISE RISK ASSESSMENT	12
DAILY EXPOSURE LEVELS	12
WEEKLY EXPOSURE LEVELS	Error! Bookmark not defined.
HEARING PROTECTION REQUIRED	12
EXCLUSION ZONES	Error! Bookmark not defined.
ADDITIONAL CONTROLS	Error! Bookmark not defined.
VIBRATION RISK ASSESSMENT	13
HAVS CALCULATOR	Error! Bookmark not defined.
STANDARD CONTROLS	14
ADDITIONAL CONTROLS	Error! Bookmark not defined.
COSHH RISK ASSESSMENT	15
PRODUCT DETAILS	15
HAZARD CLASSIFICATION (Select Y/N for Each Classification)	15

# **SAFE SYSTEM OF WORK**



ROUTE OF EXPOSURE (Select All Relevant)	16
WORKPLACE EXPOSURE LIMITS (Enter Limits)	16
REQUIRED CONTROL MEASURES	16
FIRST AID INFORMATION	16
HANDLING & STORAGE	16
DISPOSAL	16
HEALTH MONITORING	16
LIFTING PLAN	17
MATERIAL DETAILS	17
LIFTING EQUIPMENT	17
MANUAL HANDLING	18
MANUAL HANDLING RULES & TRAINING	18
VERTICAL & HORIZINTAL MOVEMENT	18
RECORD OF COMMUNICATION OF SAFE SYSTEM OF WORK TO OPERATIVES	19



# RISK ASSESSMENT (RA)

Hazard	Persons Affected	ns Affected Risk Rating (Pre - Controls) S L R		3	Existing Controls	Additional Control Measures Required /Comment		Residual Risk Rating	
				R				L	R
Fall Of Material From Height	T, C, M, S, O	5	1	5	Scaffold to be constructed to TG20:13 and BSEN12811, compliant with the design drawing and erected in accordance with SG4:10 and all other relevant guidance notes from the NASC. The scaffold will also have monaflex fitted to the outside of the lift ensuring that it is attached to the ledger and then secured below the level of the toe-board to ensure there are no gaps for material to fall through. The scaffold will be inspected against the design by a qualified scaffold inspector. Statutory inspections will be carried out on a weekly basis, after inclement weather or after any changes/adaptations	Suitable scaffold is to be provided by Knight Harwood externally.  All operatives to be regularly briefed on methods of safe working in the form of weekly toolbox talks	5	1	5
Fall Of Persons From Height	T, C, M, S, O	5	1	5	Scaffold to be constructed to TG20:13 and BSEN12811, compliant with the design drawing and erected in accordance with SG4:10 and all other relevant guidance notes from the NASC. All operatives on the scaffold will have undertaken the site safety touch screen test and carry the relevant CSCS card (or equivalent). The scaffold will be inspected against the design by a qualified scaffold inspector. Statutory inspections will be carried out on a weekly basis, after inclement weather or after any changes/adaptations	Suitable scaffold is to be provided by Knight Harwood to the facades.	3	1	5
Manual Handling	O, S, T	3	1	3	All materials will be moved vertically and horizontally using mechanical means where possible.	All operatives to be regularly briefed on methods of safe working in the form of weekly toolbox talks	3	1	3



					Where lifting materials is unavoidable operative will be trained to only carry safe loads in the correct manner				
Electrical Supply	O, S, T	5	1	5	All electrical supplies on site will be 110v in line with HSE guidance and all portable appliances will be PAT tested. The supply is to be located close to the works by knight Harwood.	N/A	5	1	5
Slips, Trips & Falls	T, C, M, S, O	3	1	3	The access routes will be kept clear at all times, cables and hoses clipped up out of the way and housekeeping standards maintained	All operatives to be regularly briefed on methods of safe working in the form of weekly toolbox talks	3	1	3
Noise	T, C, M, S, O	3	2	6	Hearing protection to be worn by all operatives in the work area. Type to be identified by a noise risk assessment (attached)	All operatives to be regularly briefed on methods of safe working in the form of weekly toolbox talks	3	1	3
DUST/SPRAY OFF FROM CLEANING	T,C,M,S,O	2	3	6	Operative to wear face fitted respiratory protection whilst in the work area.  Work area to be cordoned of to prevent other being in the work area without adequate p.p.e.	Operatives to monitor the work area at all times	2	2	4
Vibration	0	3	2	6	Vibration Risk Assessment to be carried out but as a minimum operatives to rotate use of equipment and wear vibration reducing gloves	All operatives to be regularly briefed on methods of safe working in the form of weekly toolbox talks	3	1	3

	PARTY (P)	SEVERITY (S)	LIKELIHOOD (L)	$RISK(R) = (S) \times (L)$
KEY:	<ul> <li>M = Management</li> <li>S = Supervisor</li> <li>O = Operative</li> <li>T = Third Party</li> <li>C = Client</li> </ul>	<ul> <li>1 = Trivial injury</li> <li>2 = Minor injury/ies</li> <li>3 = Major injury to one person</li> <li>4 = Major injuries to several people</li> <li>5 = Death</li> </ul>	<ul> <li>1 = Improbable occurrence</li> <li>2 = Remote occurrence</li> <li>3 = Possible occurrence</li> <li>4 = Probable occurrence</li> <li>5 = Likely occurrence</li> </ul>	15-25 = HIGH RISK 8-12 = MEDIUM RISK 1-5 = LOW RISK



## **RISK LEVEL MATRIX**

Severity

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
	1	2	3	4	5

# Likelihood



# **METHOD STATEMENT (MS)**

#### **SEQUENCE OF WORK**

- PAYE Operatives arrive on site and sign in
- Where PAYE is a sub-contractor the operatives will sit the Principal Contractor's induction
- PAYE to induct operatives to site
- PAYE Site Manager to brief operatives on the safe system of work
- PAYE Site Manager to confirm that the operatives carrying out the works have the relevant level of competency
- PAYE Operatives to read and sign safe system of work
- PAYE operatives to don PPE and Site Manager to check compliance
- PAYE Site Manager & Operatives to inspect the work area
- PAYE operatives to set up protection and prepare area for works
- PAYE Site Manager to check area is properly set up prior to start of works
- Works undertaken (WORK METHOD)
- Daily Activity Briefing to be given by supervisor each day the works are undertaken and returned to PAYE Site Manager. (PSF31)
- Daily User Checks to be carried out by supervisor each day the works are undertaken and returned to PAYE Site Manager
- · Work areas cleared regularly throughout day as works progress and NOT only at end of each day
- PAYE Site Manager to issue clear up notices to enforce good housekeeping as required
- Weekly Inspections to be carried out by Site Manger (TBC)
- PAYE Site Manager to monitor works several times each day to ensure compliance with this SSOW
- Work area materials stored, waste & debris cleared and correctly recycled or disposed of
- PAYE Site Manager to confirm area clear prior to operatives leaving site
- Works completed, and PAYE operatives leave site



#### **WORK METHOD**

#### <u>Jos-Torc Cleaning (to remove carbon deposits / sulphation):</u>

The Torc system is the modern resolution to stone abrasive cleaning as it gently removes carbon deposits from surfaces whist protecting the stone inner layers. Both elements of brick and bath stone on Athlone House would benefit from this cleaning method due to the soiling and carbon deposits that have built up on surfaces over many years. In particular, stone which is salvageable would benefit from this system to look as uniformed as possible with new stone.

#### Below is the method of which works will be carried out.

- 1. Window openings and general points of water ingression into the building will be sealed by means of duct tape and polythene, and is to be removed at the end of the cleaning works.
- 2. Operatives to site the machine and cables in a location agreed with Knight Harwood before any work is carried out.

  Operatives to ensure that the machine and other equipment is enclosed out of reach of other building users and that the cabling is routed out of walkways to prevent tripping hazards.
- 3. Whilst personnel working in the vicinity need not be inducted into the working of the system they should be made aware of the potential hazards heat, ventilation, the temperature of metal/rubber components etc. Someone adjacent, other than the Operator, should be aware of how to safely shut down the system in circumstances.
- 4. All correct PPE (Air fed mask, eye protection, gloves, ear protection and safety footwear and Hi-vis jacket) to be worn before entering the working area. Whilst a cleaner is in position at the cleaning area, another operative familiar with the system will be located at the compressor site, this operative will be capable of controlling the compressor pressure and feeding the fine aggregate into the pot.
- 5. After the water ingress protection has been checked to ensure it has been installed correctly, works can commence.
- 6. Attach the nozzle that is best suited to the substrate to achieve the best clean. If required, establish and Set out 1 2 m2 sample areas in a location agreed by Knight Harwood. Both the sample area and other areas will be cleaned using the air abrasive method that uses a fine abrasive medium discharged at low pressure in a vortex. The nozzle will be gently moved from right to left over the intended area set out to clean. Ensure ambient temperature 5°C before using Torc Machine and maximum working pressure does not exceed 5 bar.
- 7. With this method of cleaning the airborne drift of the spent medium is suppressed by the introduction of water within the cleaning mix and usually forms a 'porridge-like' consistency on the ground which will be contained and cleaned up as the works proceed. The spent material is to be double-bagged up by PAYE and moved to a central location / skip provided by Knight Harwood.

**Note:** For each surface, specialised cleaning operative to establish the optimum settings (pressure and abrasive volume), nozzle type and distance of nozzle from the surface. Keep a written record of these variables.



Compressor



Abrasive pot, compressed air evaporating unit,
Water pump



Cleaning operative in P.P.E



Cleaner undertaking Jos Torc cleaning on brickwork



# **JOB SPECIFIC REQUIREMENTS**

#### **COMPETENCE OF OPERATIVES**

QUALIFICATION	REQUIRED (YES/NO/N/A)	REQUIRED BY
Site Managers Safety Training Scheme (SMSTS)	Yes	PAYE Site Manager TBC
Site Supervisors Safety Training Scheme (SSSTS)	Yes	Works Supervisor TBC
First Aid (Appointed Person) Qualification	Yes	PAYE Site Manager TBC Works Supervisor TBC First Aider TBC
IOSH One Day Health & Safety Awareness	No	If personnel hold a CSCS card
CSCS Card (Or Equivalent)	Yes	All (Must Be Job Role Specific)
PASMA Qualification	No	
Asbestos Awareness Qualification	Yes	All
Hot Works/Fire Marshall	No	
Manual Handling Training	Yes	All
Harness Training	No	
Abrasive Wheel Training	No	
PAYE Behavioural Safety (PAS)	Yes	All
MEWP License	No	
Fork Lift License	No	
Banksman	No	
Slinger/Signaller	No	

# **PERMIT REQUIREMENTS**

PERMIT TYPE	REQUIRED (YES/NO)
Hot Works Permit	No
Confined Space Permit	No
Permit to Dig	No
Permit to Use Ladder	No
Other (Please Specify)	No

## **ADDITIONAL ASSESSMENTS**

ADDITIONAL ASSESSMENT	REQUIRED (YES/NO)	ATTACHED (YES/NO)
COSHH Risk Assessment	Yes Jos – Torc abrasive system	Yes
Vibration Risk Assessment	No	Na
Manual Handling Risk Assessment	No	Na
Noise Risk Assessment	Yes	Yes
Lifting Plan	Na	Na
Other (Please Specify)	Na	Na

# PERSONAL PROTECTIVE EQUIPMENT (PPE)

ITEM OF PPE	REQUIRED AS MINIMUM ON SITE	REQUIRED AS RESULT OF ADDITIONAL RISK ASSESSMENT	SPECIFIC TYPE	RELEVANT BS/EN NUMBER
-------------	--------------------------------	--	---------------	-----------------------------



III S J	YES	No	COSHH Gloves	EN388 4122
	YES	No	PAYE Hard Hat	EN50365
	YES	No	PAYE High Visibility Vest/Coat	EN471
	YES	No	Toecap, Ankle support, midsole protection	BS/EN ISO 20345: 2004
	No	Yes	PAYE Work Overalls	PAYE Overalls
	No	Yes	Impact Glasses/Goggles	Impact Goggles
	No	Yes	FPP3 (APF20)/Air Fed Hood	
	No	Yes		See Noise Risk Assessment



# SPECIALIST EQUIPMENT ADDITIONAL REQUIREMENTS (PUWER)

EQUIPMENT	ADDITIONAL QUALIFICATION NEEDED	Daily User Check	Weekly Inspection	FUEL/POWER REQUIREMENTS (PLEASE SPECIFY)
Joss-Torc machine	No	Yes	Yes	110v, Diesel to be located in a drip tray.
		Na	Na	
		Na	Na	

# SPECIALIST LIFTING EQUIPMENT ADDITIONAL REQUIREMENTS (LOLER)

EQUIPMENT	ADDITIONAL QUALIFICATION (PLEASE SPECIFY)	Daily User Check	Weekly Inspection	INSPECTION, TESTING & SWL DETAILS (PLEASE SPECIFY)
Na				

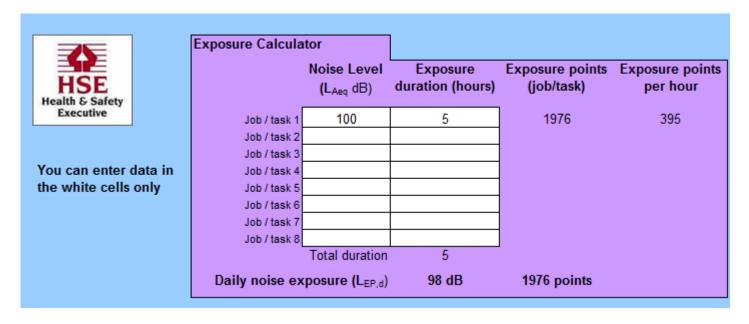
# **ACCESS REQUIREMENTS**

TYPE OF ACCESS	REQUIRED	COMPANY RESPONSIBLE FOR PROVIDING	PROVIDED BY (COMPANY NAME)	DETAILS OF ACCESS REQUIRED FOR WORKS
Scaffold	Yes	Knight Harwood	ТВС	2 metre lifts
Mobile Tower	Na			
MEWP	Na			
Scissor Lift	Na			
Podium Steps	Na			
Ladder	Na			
Other (Specify)	Na			



# **NOISE RISK ASSESSMENT**

#### **DAILY EXPOSURE LEVELS**



# **HEARING PROTECTION REQUIRED**

A-weighted noise level (dB)	Select a protector with an SNR of
85-90	20 or less
90-95	20-30
95-100	25-35
100-105	30 or more

VIBRATION ASSESSMENT



## **VIBRATION RISK ASSESSMENT**

TYPICAL MACHINERY ASSESSMENTS							
HV m/s2	dB(A)	Н	IV m/s2	dB(A)			
2.5	81						
	HV m/s2	HV m/s2 dB(A)	HV m/s2 dB(A)	HV m/s2 dB(A) HV m/s2			

The Vibration White Finger Assessment below is an assessment of the vibration levels one operative would endure during an eight hour working day. Where the assessment produces a daily dose in excess of 2.8m/s2 then alternative methods of work should be considered or the work should be shared so that each operative does not exceed the daily dose limit.

The risk from exposure increases with the level of vibration and the length of the exposure, both within the working day and in

The risk from exposure increases with the level of vibration and the length of the exposure, both within the working day and in the long term.

To recognise this an equivalent 8-hour 'dose' of vibration A[8] is used.

The value of A[8] is 2.8m/s2 which is thought to be the exposure level which results in a 10% risk of contracting Vibration White Finger VWF after 8 years exposure.

Activity.	Vibration Level [m/s2]	[L1]x[L1]	Duration of exposure [hours] T	Partial Dose D1=[L1}2xT	
Jos Machine	2.5	13	5	63	
Sum of partial doses = D1 =					
Daily dose A[8] = $\sqrt{D1/8} = 2m/s2$				0	

OVERALL ASSESSMENT OF RISK PRIOR TO THE IMPLEMENTATION OF CONTROL MEASURES (Tick one)						
LOW	MODERATE	SUBSTANTIAL	HIGH			
X						

# PROPOSED CONTROL MEASURES TO REDUCE THE RISKS (Use additional sheet if necessary)

Induction Training On-Site to familiarise ourselves with the potential risks.

Correct/Suitable anti vibration gloves to minimise vibration transmission.

Consider sharing the task to halve the risk.

Paye Employees to exercise due diligence when at work at all times.

Personal Protective Equipment Needed						
	YES	NO		YES	NO	
Safety Helmet		X	Gloves	X		
Protective Footwear		X	Hearing Protection		X	
High Visibility Clothing		X	Overalls		X	
Eye protection		X	Body Harness		X	
Face Respirator		X	Other? FACE MASK		X	

OVERALL ASSESSMENT OF RISK (Circle one)						
LOW	MODERATE	SUBSTANTIAL	HIGH		ESP	
X					(Extra Special Precautions)	
SIGNATURE OF		<b>PRINT:</b> Courtney Alfrey		DATE: 2	4-11-2017	
ASSESSOR:	C.Alfrey					



#### **STANDARD CONTROLS**

Regardless of whether the operations are in excess of the action limits the following should be undertaken:

- Risks addressed in Daily Activity Briefing
- Rotation of works causing vibration
- Regular breaks from using tools that cause vibration
- Regular monitoring of works by PAYE supervisor
- Regular toolbox talks on effects and symptoms of HAVS
- Daily user checks on equipment to ensure it is operating correctly
- Servicing of equipment in line with manufacturer's instructions
- Operatives made aware that any damage or change in equipment's performance to be reported immediately
- If any symptoms of HAVS present then works are to be stopped immediately and the operative in question to seek medical advice.



# **COSHH RISK ASSESSMENT**

A COPY OF THE MANUFACTURERS COSHH DATA SHEET MUST BE ATTACHED.

CARRY OUT A SEPARATE COSHH RISK ASSESSMENT FOR EACH MATERIAL BEING USED FOR THIS WORK.

#### **PRODUCT DETAILS**

Name of Substance	Calcite Dust
Manufacturer	N/A
European Waste Code	N/A
Product Code (If Applicable)	N/A
Product Risk/Safety Phrases	Prolonged exposed above recommended guidelines may cause respiratory ill health, particularly silicosis.

## **HAZARD CLASSIFICATION** (Select Y/N for Each Classification)

SYMBOL	DETAIL	Y/N	SYMBOL	DETAIL	Y/N
	SERIOUS HEALTH HAZARD	N	<b>A</b>	BIOLOGICAL	N
	TOXIC	N		OXIDISING	N
	CORROSIVE	N		GAS UNDER PRESSURE	N
	HARMFUL - IRRITANT	Y		FLAMMABLE	N
	HARMFUL - SENSITISING	N		EXPLOSIVE	N
	HEALTH HAZARD/HAZARD TO OZONE LAYER	N	***	ENVIRONMENTAL – HARMFUL TO AQUATIC LIFE	N



# **ROUTE OF EXPOSURE** (Select All Relevant)

INHALATION	ABSORPTION (SKIN)	INGESTION	ABSORPTION (EYES)	OTHER (PLEASE SPECIFY)
Χ	X	X	X	

#### WORKPLACE EXPOSURE LIMITS (Enter Limits)

<b>Long Term Exposure Limit</b>	<b>Short Term Ex</b>	nocuro Limit	
Long Term Exposure Limit	SHOLL LELLI EX	posure Lillin	

#### **REQUIRED CONTROL MEASURES**

Appropriate face fit mask to be worn at all time.

#### **FIRST AID INFORMATION**

Inhalation – if irritation occurs, remove the affected person to fresh air and seek medical attention if necessary.

Skin - Wash with soap and water

Eyes – irrigate with copious amounts of water and obtain medical attention if irritation persist.

Ingestion: Swallowing small amount of dust us is unlikely to cause significant reaction. Do not induce vomiting. Give plenty of water to drink and seek medical attention if necessary.

#### **HANDLING & STORAGE**

PPE to be worn at all times

## **DISPOSAL**

Product may be disposed of to landfill

#### **HEALTH MONITORING**

Na



# **LIFTING PLAN**

# **MATERIAL DETAILS**

MATERIAL BEING LIFTED	WEIGHT	SLINGING METHOD
Na		

# LIFTING EQUIPMENT

Equipment Type	Equipment Provided By	Equipment Installed & Handed Over By	Safe Working Load Kg (SWL)	Weight Of Equipment (Kg)	Date Of Last Thorough Inspection	Date Of Next Required Inspection	Daily User Checks Carried Out By	Weekly Checks Carried Out By
Na								



#### MANUAL HANDLING

#### **MANUAL HANDLING RULES & TRAINING**

#### YOU MUST NEVER:

- Lift more than a 25Kg load without help or mechanical aids
- Lift repetitive loads of more than 20Kg (for example concrete blocks and stone blocks)
- Carry any materials or tools up through ladder access or haki type stairs on any scaffold
- Use a "jinny" wheel to lift any materials, debris or equipment
- Use hoists in any manner other than specified in the manufacturer's instructions

#### YOU MUST:

- Have had basic manual handling training
- Consider how the ground and weather conditions will affect you when carrying anything
- Use mechanical means to move materials vertically on scaffold
- Use mechanical means to move materials horizontally along scaffold lifts

#### **VERTICAL & HORIZONTAL MOVEMENT**

When working on a scaffold sufficient resource must be provided to allow mechanical movement of materials, waste/debris and equipment. Under no circumstances should anything be carried up/down ladders, haki type stairs or moved using a "jinny" wheel.

When working on a scaffold where possible ledger bracing should be removed on scaffolds and replaced with "readylock" type transoms to enable a clean run along the lift. Where materials are being lifted into position the scaffold must be able to facilitate the use of a block and tackle or running beam.



# **RECORD OF COMMUNICATION OF SAFE SYSTEM OF WORK TO OPERATIVES**

Name (Print)	Signature	Company (Print)	Date (DD/MM/YY)

Signature of PAYE Site Manager	Name	Signature	
Signature of Works Supervisor	Name	Signature	