**health, safety & environment Method Statement**

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| **Client:** | | | **LB Camden** | | **Method Statement Ref. No:** | | | *Fountain-01* | | |
| **Sub-Contractor:** | | | **Metalcraft (Tottenham) Ltd** | | **Method Statement Rev No:** | | | 01 | | |
| **Work Location:** | | | **Metalcraft Workshop** | | | |  | | | |
| **Work Scope Task(s)**  **(Brief Description):** | | | **Restoration Of Fountain** | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Revision Control** | |  | |  |  |  | |  | | | **Revision No** | **Nature of the revision** | |  | |  | | | | | | Name | | Signature | | Date | | C1 | First Draft | | Prepared by: | | Michael James | |  | | 19/09/2019 | | Checked by: | | Lee Dean | |  | | 19/09/2019 | | C2 | Client Comments | | Prepared by: | |  | |  | |  | | Checked by: | |  | |  | |  | | | | | | | | | | | |
|  | | | | | | | | | | |
| **ACCEPTANCE** | | | | | | | | | | |
| Responsible Manager (Project Manager, Site Manager, Senior Engineer only) | | | | | | | | | | |
| **Name:** | |  | | **Signature:** | |  | | | **Date:** |  |
| **Previous approval statement:** | | | | | | | | | | |
| **MS + RA CHECK (To be carried out at work commencement by Site Manager / supervisor)** | | | | | | | | | | |
| The operations covered by this risk assessment / method statement have been checked on site and given the following status: (select one only): | | | | | | | | | | |
| **A** |  | **Accepted for operations to continue** | | | | | | | | |
| **B** |  | **Comments made and incorporated. Operations may Proceed** | | | | | | | | |
| **C** |  | **Addendum or revised method statement required for acceptance. Operations to cease** | | | | | | | | |
| **Name:** | |  | | **Signature:** | |  | | | **Date:** |  |

Check to ensure that this method statement is a quality document.

|  |  |  |  |
| --- | --- | --- | --- |
| Check | Producer | Date | Client check |
| Is the method statement complete and in order? Are all the referenced appendices included, and all the required information contained within them? |  |  |  |
| Are the risk assessments signed by the appropriate person? |  |  |  |
| Are the revision numbers and method statement references correct in the header? |  |  |  |
| If required, has the WRF been completed in full and the method statement reference number and revision status been included? |  |  |  |
| Has this method statement been submitted before? If yes, write details in the “Previous approval statement” on the front cover |  |  |  |

Now sign the front cover in the correct place

**SITE SPECIFIC CHECK LIST (tick box as appropriate)**

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| --- | --- | --- | --- | --- | --- |
| 1 | Have Operational interfaces been assessed? | Yes |  | No |  |
| Does this work take place in a public area of infrastructure? | Yes |  | No |  |
| Have all interfaces with site activities been assessed | Yes |  | No |  |
| Do these works involve interface with roads, pavements or other public areas? | Yes |  | No |  |
| 2 | Do these works involve working at height?  Has adequate access provision been made? Scaffold, Mobile Towers/MEWPS? | Yes |  | No |  |
| Yes |  | No |  |
| 3 | Do these works involve working near / over water? | Yes |  | No |  |
| 4 | Do these works involve excavation? | Yes |  | No |  |
| Have utilities been identified from site information | Yes |  | No |  |
| Is a permit to drill in place? | Yes |  | No |  |
| Is Archaeological supervision required during these excavations? | Yes |  | No |  |
| 5 | Have risk, manual handling and PPE assessments been carried out  for all tasks?  Have all risks been reduced? | Yes |  | No |  |
| Yes |  | No |  |
| 6 | Does this work involve ‘hot works’?  Is a ‘hot works’ permit in place? | Yes |  | No |  |
| Yes |  | No |  |
| 7 | Have COSHH Assessments been carried out for all Biological Hazards,  Chemicals, and Materials? | Yes |  | No |  |
|  |  |  |  |
| 8 | Have the significant environmental issues been addressed? | Yes |  | No |  |
| Are there any contaminated land issues? | Yes |  | No |  |
| Ecological issues – are any controlled species present, Japanese Knotweed, Giant Hogweed? | Yes |  | No |  |
| Is a plan in place to control Noise and dust, and the work being carried out during permissible hours? | Yes |  | No |  |
| Are there any issues relating to groundwater contamination / surface run-off? | Yes |  | No |  |
| 9 | Lifting Operations required?  If yes has a separate Lifting Operations Plan with Sketches and Risk Assessment been attached? | Yes |  | No |  |
| Yes |  | No |  |
| 10 | Are Emergency, contingency and rescue plans in place? | Yes |  | No |  |

**Contents**

1. Scope of Works (see also Task Briefing and Safe systems of work)
2. Labour Force & Competency
3. Plant & Portable Tools
4. Lifting Operations
5. Permit to work
6. Health & Safety
7. Key Operational, Health & Safety Risks & Control Measures
8. Environmental Protection
9. Accident & Emergency Procedures
10. Task Briefing & Safe system of Work

**Appendices**

1. Operational Risk Assessments
2. COSHH Sheets
3. Register of those briefed on method statement
4. HAVS Record and Register
5. **Scope of works**

Restoration Of – Fountain Removed From Waterlow Park

This method statement and associated risk assessments covers all aspects of the installation, covering all items inclusive of deliveries and covering all aspects with regards to the equipment and materials.

Work will commence on the – 9-9-2019

For the installation Methodology & Sequence, please see the Task Briefing & safe system of work, along with operational Risk assessments & COSHH sheets.

## Labour Force & Competency

The workforce and required competency envisaged for this section of work shall be structured but not limited to, the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Sub-contractor | Trade | Competency | Number of each |
| Metalcraft | Project Manager  Michael James | CSCS  SSSTS/IPAF/PASMA | 1 |
| Metalcraft | Fabricator | Coded Welder/Fabricator | 1 |

## Plant, Equipment & Portable Tools

**Plant**

Hand tools

110v power tools

Welder

## Lifting Operations

All lifting operations will be done manually

## Permit to Work

Hot Works

All Metalcraft operatives will be aware of the increased risk of fire during hot work and are trained to deal with small fires using the appropriate fire extinguishing equipment. If a fire is too big to control the fire brigade will be called. In the event of an emergency, site evacuation procedures shall be followed, and the fire alarm shall be activated.

## Health & Safety

**COSHH**

Please see appendix 2, for COSHH assessments.

**Manual Handling**

Operatives will be briefed on safe manual handling techniques, however all loads to be handled will be placed as close as possible to the work face. Where ever practicable lifts will be mechanically lifted. All operatives must use manual handling techniques and have taken training in manual handling.

**Occupational Noise**

An assessment of the plant has been carried out and deemed to be within tolerances. However, when any grinders are being used ear protection must be worn at all times. All other items of work and the tools required to carry out the works are at this stage deemed to be within tolerance. However ongoing checks will take place and the situation reviewed on a regular basis.

**Personal Protective Equipment (PPE)**

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| --- | --- |
| **MANDATORY PPE** | **EQUIPMENT REFERENCE** |
| Safety footwear | BS8170/ EN345/ EN346, 200 joules |
| Hand protection | Rigger gloves EN388, gloves EN420, barrier Cream EN420 |
| Eye protection | Impact resistant safety goggles |

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| --- | --- |
| **TASK SPECIFIC PPE** | **EQUIPMENT REFERENCE** |
| Hearing Protection | Ear muffs EN352-1, foam ear plugs BS3644-2 |
| Dust Masks | British Standard BS EN 169 with FFP3 |

## Environmental Protection

**Ecological Protection**

No specific ecological protection is required during this work.

**Noise management**

All works will be undertaken during normal working hours using hand tools and power tools as specified by Metalcraft Ltd working hours.

## Accident / Emergency Procedures

**First aid arrangements**

Serious accidents should be attended to by emergency services. A first Aid kit is located in the office. All accidents no matter how small must be reported to both the Metalcraft site supervisor.

**Fire point**

In the event of a fire alarm, operatives should evacuate via the nearest exit as quickly as possible and go directly to the muster point located at front of workshop.

**Emergency Contact Numbers**

Project Manager – Mike James 07950406081

1. **Task Briefing - Methodology & Safe System of Work**

Restoration Of – Waterlow Fountain

1. The fountain will be collected from Waterlow Park by Metalcraft Ltd at a convinent time arranged with James New (LB Camden)
2. The Fountain will be taken back to Metalcraft head office/workshop for an assessment of the damage and repairs required.
3. Broken sections of fountain will be removed and cleaned up using a grinder to remove rust and loose metal.
4. Sections of fountain that can be salvaged will be welded together using cast iron rods – Nikko Steel CIN-2 (AWS:A5.15 EniFe-Cl) (As per Photo) Batch Number – 6120473.
5. Missing sections of bath cast iron stock material to match shape will be cut and shaped to match missing sections at the same thickness as the bath.
6. A continuous 12mm butt weld will be used with specialized cast iron as specified to weld the section into place.
7. All welds will be ground flush and polished to match existing basin.
8. 7 No. Sections require to be recast to match previous components and will take 3-4 weeks to cast (As per photo).
9. All items that require recasting will be cleaned with grinder and welded with cast iron rods as to match previous.
10. Fountain base will be reshaped from forged cast iron and welded with cast iron rods to complete base foot and as per previous design.
11. The items once returned from casting will be welded to suit and match as existing fountain parts.
12. Once fountain is restored it will be sprayed in grey primer as to protect from wheather.
13. After primer has dried overnight the fountain will be coated in RAL 9005 as specified by client.

**Appendix 1. Operational Risk assessments**

Manual Handling See Risk Assessment R2

Portable Electrical Tools See Risk Assessment R3

Noise Control See Risk Assessment R4

Dust Control See Risk Assessment R5

Vibration See Risk Assessment R6

**Appendix 2. COSHH data sheets**

**COSHH ASSESSMENT – 003 ABRASIVE DISCS**

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| **PROCESS:** Use of abrasive Disc on Metal |
| **TRADE NAME:** Various Grinding and Finishing equipment |
| **RISK TO HEALTH & HAZARDOUS CONTENT**  Classification Toxic (No) Corrosive (No) Irritant (yes)  Other: Highly flammable (flash point 27 degrees)  Exposure Route Skin (yes) Eyes (yes) Inhalation (No) Cuts etc (No)    Other: Do Not cut or grind items which have contained chemicals.  Degree of Risk: Minimal when using Precautions below.  Maximum Exposure / Limit / Occupational exposure standard |
| **APPROVED USES** – Cutting and Grinding, construction sites and workshop |
| **PRECAUTIONS**  Ventilation:- Good General Ventilation required. Ensure no source of solvents or fuels are  present  Protective equipment (to comply with appropriate British standards)  Goggle/Visor (yes) Gloves (yes) Overalls (yes) Respiratory (No)  Other No eating, drinking or smoking at the work place. |
| **OTHER APPLICABLE INFORMATION**  The fumes and gases from metals being cut or ground may create special problems. i.e Lead from paint, cadmium, zinc etc. Always use suitable respiratory protection. |
| **FIRST AID INFORMATION AND EMERGENCY ACTIONS**  Skin contact - Burns – Cool with water immediately and seek medical advice.  Fire – Before work commences seek Hot Works permit  Always have a fire extinguisher and fire blanket to hand |

**Appendix 3. Attendance Register**

**Register of those briefed on method statement**

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| **Operative Name** | **Signature** | **Date** |
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**Manual Handling Sheet 1 of 2**

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| **RISK ASSESSMENT R2** | | **RISK RATING :- High = H; Medium = M; Low = L** | |
| **MANUAL HANDLING** | | **People at risk – Operators and Erectors** | |
| **HAZARD** | **RISK** | **PRECAUTION** | **RISK** |
| General Use – causing trapped fingers / hands  Manual Handling of components – causing sprains / strains to back, stomach, arms, etc.  Climbing onto trailers – slips / trips / falls – causing serious injuries.  Falling components (low level) – causing foot injuries.  Sharp edges/burrs on components – causing cuts and damage to hands  Unbundling of banded materials – causing cuts to body and hands. | H  M  M  M  H  M | PPE to be used. Personal vigilance required.  Eliminate manual handling of large components. Use correct lifting techniques. Refer to Manual Handling Assessment Charts max 25kg. Tool Box Talks on manual handling  Good working practice. Ensure safe footing. Never jump down from height. Use crane or forklift provided by site as 1st means of unloading. All vehicle offloading to be carried out in the designated area on site  PPE to be used Must be (Steel toe capped boots) also preferably steel plate sole.    PPE to be used including mandatory hand and eye protection. Personal vigilance required.  Good working practice. PPE to be used. Use correct snips.  Mandatory hand and eye protection. | L  L  L  L  L  L |

**Manual Handling Sheet 2 of 2**

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| **RISK ASSESSMENT R2** | | **RISK RATING :- High = H; Medium = M; Low = L** | |
| **HAZARD** | **RISK** | **PRECAUTION** | **RISK** |
| Unbundling of banded materials – causing injuries / death if bundle falls open.  Foreign body in eye – causing damage to eye.  Stacked materials collapse – causing crushing injuries and death. | M  M  M | Good working practice. Hold bundle with crane slings whilst cutting banding if using crane. If not tie with rope / sling and slacken off once bands have been cut.  PPE to be used including mandatory hand and eye protection.  Good working practice. Stack materials as instructed. Use correct packers. | L  L  L |

**Portable Electrical Tools**

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| **RISK ASSESSMENT R3** | | **RISK RATING :- High = H; Medium = M; Low = L** | |
| **PORTABLE ELECTRICALTOOLS** | | **People at risk – Operator and Erectors** | |
| **HAZARD** | **RISK** | **PRECAUTION** | **RISK** |
| Electricity | M | Reduce voltage used if possible. 110 volt only for use on site.  User to check condition of equipment and extension leads weekly for damage. Damaged equipment shall not be used.  Equipment and leads shall be inspected, and PAT tested at 3 month intervals by qualified PAT tester (M. James) | L |

**Noise Control Sheet 1 of 2**

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| **RISK ASSESSMENT R4** | | **RISK RATING :- High = H; Medium = M; Low = L** | |
| **NOISE CONTROL** | | **People at risk – All persons with Access to work area.** | |
| **HAZARD** | **RISK** | **PRECAUTION** | **RISK** |
| **Noise produced by localized drilling or cutting**  Temporary hearing loss resulting from exposure to loud noise for a few minutes to hours e.g. occasional use of pneumatic drill, jack hammers etc.  Permanent hearing loss resulting from exposure to noise over a much longer period i.e. weeks, months and years and is the result of an accumulation of short bouts of loud noise.  Tinnitus is a permanent ringing in the ears resulting from long exposures to high noise levels.  If noise exceeds 85db ear protection must be worn. | M | Where it is anticipated that the generation of excessive noise levels are produced from his operations, a Tool Box Site Training will be conducted for the correct usage of Ear defenders.  Types of protection - Ear muffs  Earmuffs should completely cover the ear and fit tightly with no gaps between the seal and your head.  Keep the seals and foam inside the earmuffs clean.  If splits or cracks appear in the seal, ask for another pair  Types of protection - Ear plugs  Ear plugs are inserted into the ear canal. Read the instructions on the packet carefully for inserting plugs properly.  Keep your ear plugs clean and follow the manufacturers guide for washing earplugs.  Only use disposable earplugs once.  Clean your hands before fitting earplugs. Never share earplugs. | L |

**Control of Dust Sheet 1 of 1**

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| **RISK ASSESSMENT R5** | | **RISK RATING :- High = H; Medium = M; Low = L** | |
| **CONTROL OF DUST** | | **People at risk – Operators, Erectors** | |
| **HAZARD** | **RISK** | **PRECAUTION** | **RISK** |
| **Dust produced by localized drilling or cutting**  Drilling of concrete or brick work for bolt holes though minimal will produce particulates of dusts, mists and metal fumes that can all cause irritation to the nose, throat and upper respiratory tract. If particulate is very small (less than 5 microns) it can travel deep into the lungs and cause damage to lung tissue resulting in serious health problems. | M | PPE to be used. Face mask and goggles to be worn. FFP3  Where it is anticipated that the generation of dust mists are produced from his operations, a Tool Box Site Training will be conducted for the correct control of dust. | L |

**Health Risks From Hand Arm Vibration (HAV)**

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| **RISK ASSESSMENT R6** | | **RISK RATING :- High = H; Medium = M; Low = L** | |
| **HEALTH RISKS FROM HAND ARM VIBRATION (HAV)** | | **People at risk – Operators, Erectors, and Passers by** | |
| **HAZARD** | **RISK** | **PRECAUTION** | **RISK** |
| HAV is vibration which reaches the hands when working with hand-held power tools or hand guided machinery or holding materials which are being processed by machinery. | H | Always wear correct P.P.E. equipment for machinery and tool – Eye, Ear & Hands.  Allow for good blood circulation: -  By keeping warm, wearing gloves – Circulation slows down when cold.  Exercise fingers improves blood flow  Use the right tool and use it correctly – ensure proper training and use of tool.  Do Not use more force than necessary  Avoid long periods – ( 40min and then a 20 min break = 1 Hour period or rotate)  Keep machine and tools in good condition ( service regularly – repair if damage occurs ASAP)  Log hours onto register | M - L |

**Disc Cutting & Abrasive Wheels**

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| **RISK ASSESSMENT R3** | | **RISK RATING :- High = H; Medium = M; Low = L** | |
| **Disc Cutting & Abrasive Wheels** | | **People at risk – Operators, Erectors, Passers by.** | |
| **HAZARD** | **RISK** | **PRECAUTION** | **RISK** |
| Bursting of Wheel or Disc  Contact with rotating wheel.  Eye Injury from flying particles  Noise | L  M  L  L | Disc & Wheel checked for damage and correct type before use and fitting and only fitted by competent and appointed person. Working area to be tidy and on a firm level base.  Operators shall not apply undue pressure on the Disc/Wheel in use.  P.P.E. to be worn (Grinding goggles or full face shield)  Operator to ensure sparks is not directed at other personnel or materials that may be damaged or set alight.  P.P.E. to be worn (ear defenders where noise is excessive). | L  L  L  L |

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| **RISK ASSESSMENT R9** | | **RISK RATING :- High = H; Medium = M; Low = L** | |
| **WORKING AT HEIGHT AND OPEN EDGE** | | **People at risk – Operators, Erectors, and Passers by** | |
| **HAZARD** | **RISK** | **PRECAUTION** | **RISK** |
| Falling from height    Other people falling from exposed area.  Tools / Materials dropping below | H  H  H | If open edge present use the following equipment:  Scaffold / mobile towers or MEWP’s.  Scaffolds  Provide guard rails with mid rails and toe boards. On platforms over 600 mm. PPE to be used including eye & hand protection. Competent persons to erect.  MEWP’s to be used and operatives to be fully trained and competent. Operatives to wear full harness and clip on to existing railing.  If running line REQUIRED to be installed by competent Boa operative.  Harness will be visually inspected daily, weekly, & a monthly manufacturers check. Any operative using a safety harness will be trained accordingly.  Full ground exclusion zones to be implemented, sign posted if required.  Towers need to be secured to part of the balcony structure to stop any tipping over the tower use out riggers if required.  Ensure all small items are carried in bags, either lashed to steel or attached to erectors belts. | L  L  L |

**Appendix 4 - HAVS Record and Register**

**HAV Daily Vibration Exposure Record**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Operator** | **Employer** | **CSCS Card No.** | **Assessor** |
|  |  |  |  |  |
| **Site Name and Number:** |
|  |
| **Tool or Process** | **Vibration as m/s2** | **Maximum Trigger Time Allowed** | **Actual Time Exposure** | **Points Used** | **Points Carried Forward** | **Assessors Signature** |
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| **Operatives Signature:** | **Date:** |

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| --- | --- | --- | --- | --- |
| TOOL ID | 1  Trigger time | 2  Trigger time | 3  Trigger time | 4  Trigger time |
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