



Lusail Real Estate Development Company

Health, Safety, Security, Environment, Logistics & Quality Department

Lusail Construction Safety Procedural Forms/Checklists – Model Method Statement Form

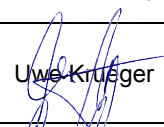
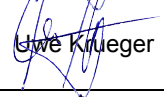
Document No	<u>LUS-HSE-FM4-446-086.01</u>	Rev	<u>1</u>
Uncontrolled Copy	<input type="checkbox"/>	Controlled Copy	<input checked="" type="checkbox"/>
		Date	<u>01- Apr-2015</u>

COMPANY PROPRIETARY INFORMATION

Prior to use, ensure this document is the most recent revision by checking the Master Document List. To request a change, submit a Document Change Request to the Document Control Representative. Master copy of this document will be maintained by the LREDC QA/QC Manager. Not controlled if printed.

Amendment Record

This document is reviewed to ensure its continuing relevance to the systems and process that it describes. A record of contextual additions or omissions is given below:

Rev .No	Description / Comments	Prepared By	Checked By	Approved By	Issue Date
1	(Pg. 1) Company Propriety Information – Not controlled if printed has been added.	HSE Working Group	Michael Ford	 Uwe Krueger	1 st April 2015
1	(Pg. 2) Revised Amendment Table	HSE Working Group	Michael Ford <i>Michael Ford</i>	 Uwe Krueger	1 st April 2015



Model Method Statement Form

1. Details

Contract/Project Name: _____

Contract #: _____

Method Statement Title: _____

Method Statement Ref #: _____ Rev: _____ Date: _____

2. Description of the Works

What is to be performed?

Location(s) on site the activity is planned for:

Anticipated start date:

Duration of the work activity:

Sequence of the works:

Methods (Describe how the works will be carried out):

3. Resources

Materials required:

Plant and equipment required:

Personnel requirements (what trades are required, what training/certification do they require):

Supervision provided/required:

4. Assessment of Risks

What risks will the work area(s) present to workers?

What risks will the activity(s) present to workers?

Access controls/requirements:

Additional/adjacent risks:

* A Full Separate Site Specific Risk Assessment Must Be Prepared and Attached to MS *

5. Control Measures

(For each identified risk detail the precautions that will be put in place i.e. fall prevention, trained personnel, permits to work, no go zones, environmental controls etc.)

6. Required Personnel Protective Equipment

7. Emergency Arrangements

8. Temporarily Amended Safety Systems

9. Communications Required

Persons/entities to be informed of the methods to be employed:

Persons/entities to be informed of the operation(s):

Persons/entities to be advised if circumstances change:

10. Monitoring and Compliance Requirements

11. Method Statement Attachments

Method Statement Prepared by: _____

Signature: _____ Date: _____

Position: _____

Method Statement Reviewed by: _____

Signature: _____ Date: _____

Position: _____

Method Statement Approved by: _____

Signature: _____ Date: _____

Position: _____