

Risk Assessment Method Statement (RAMS)

TEMPLATE



Introduction

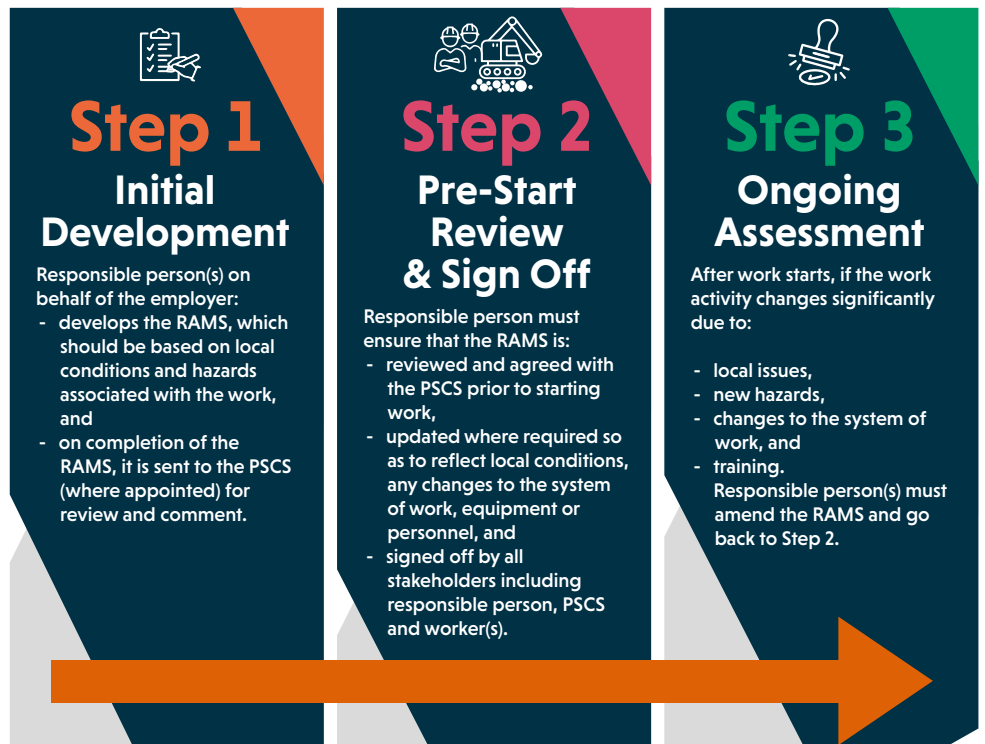


This RAMS template is broken into 3 steps and 8 sections and should be developed in line with the associated guidance summarised below.

3 Step Process



Follow the 3 Step Process to ensure the RAMS contains up to date information.



RAMS Template - 8 Sections

The RAMS template consists of 8 sections, and these should be completed as necessary.

When completing the RAMS, it is important to note that the hazards, associated risks, local conditions, system of work, resources, equipment and competencies required may change and this must be reflected and updated in the RAMS.

Section 1	Contractor Details
Section 2	Site and Work Activity Information
Section 3	Method of Work
Section 4	Training Requirements
Section 5	Personal Protective Equipment (PPE)
Section 6	Emergency Procedures and Welfare Requirements
Section 7	Risk Assessment Method Statement Sign Off
Section 8	Appendices / Additional Information

Date:

RAMS Number:

Revision Number:

Risk Assessment Method Statement for:



Section 1

Contractor Details

Company Name:			
Company Address:			
Responsible Person:			
Phone:			
Email:			
RAMS Developed By Name:			
Phone:		Email:	



Section 2

Site and Work Activity Information

Project Title:			
Site Address / Location:			
Brief Description of Work to be Carried Out:			
Specific Work Location:			
Estimated No of Workers:			
Estimated Duration of Works (Include Start / End Dates):			
PSCS Appointments			
Has a PSCS been appointed?	Yes	No	
PSCS Company Name:			
PSCS Representative Name			
Phone:		Email:	

Date:

RAMS Number:

Revision Number:



Section 3

Method of Work (include safety controls measures and equipment required)

3.1 Develop a safe system of work

(Describe in steps from start to finish how the work will be done safely). Attach drawings / sketches etc. if required.

Date:

RAMS Number:

Revision Number:



Section 3 Method of Work

3.1 Develop a safe system of work *Continued*

(Describe in steps from start to finish how the work will be done safely). Attach drawings / sketches etc. if required.

Large empty rectangular area for describing the method of work.

Date:

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Section 3 Method of Work

3.4 Examination and Inspection of Equipment

*Examination / inspection certificates must be available locally (e.g.) with the PSCS / in your inspection register or contained in Section 8 Appendices and tick if applicable.

Excavations (AF3)

Scaffolding (GA3)

Work at Height Equipment (GA3) e.g. ladders, MEWP, handrails, netting, harnesses

Personal Floatation Devices (AF4)

Comments



Section 3 Method of Work

3.5 Permit(s) to Work

Permit Type

Tick if applicable and include information in appendices

Add Permit Number (If known)

Permit to Dig

Confined Spaces

Hot Works

Road Opening

Electrical / Energisation / Lock Out Tag Out

Work at Height

Other



Section 3 Method of Work

3.6 Chemicals

List chemicals identified and ensure Safety Data Sheet (SDS) are available and instructions followed in safe use (e.g. PPE, storage etc.)
Safety Data Sheets must be available locally e.g. with the PSCS / in your chemical register or contained in Section 8 Appendices. This list must be updated and checked on the day before the work starts.

Chemical Name

Safety Data Sheet
(tick if available)

Storage Arrangements

Date:	RAMS Number:	Revision Number:
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Section 3 Method of Work
3.6 Chemicals *Continued*

List Hazardous Substances and Identify Risks Below. Tick if applicable.

Explosives	Flammable	Oxidising	Gas Stored Under Pressure	Corrosive	Acute Toxicity	Health Hazards	Serious Health Hazard	Hazardous to the Environment

Section 3 Method of Work
3.7 Hazardous Substances

Hazardous Substances	Site Specific Risk Assessment Available <small>(Tick if applicable and include in appendices)</small>
Asbestos	
Silica Dust (e.g. Cutting concrete)	
Wood Dust	
Solvents (e.g. White spirit, acetone)	
Mineral Fibres (e.g. Rockwool)	
Fumes (e.g. Welding / Generators)	
Isocyanates (e.g. Painting)	

Section 4
Identify and Select Your Training Requirements
(Note this should be identified from your method of work as outlined in Section 3.0)

Safe Pass		Tower crane	
Slinging/ signalling		Tractor/dozer	
Crawler crane		Site dumper	
360° excavator		Shotfiring	
Roof and wall cladding/sheeting		Signing, lighting and guarding on roads	
Scaffolding		Self-erect. tower crane	
Telescopic handler		Mobile crane	
Articulated dumper		180° excavator	
Mini-digger		Built-up roof felting	
Locating under-ground services		Health and safety at roadworks	
Mobile Tower Scaffold			

Date:	RAMS Number:	Revision Number:
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Section 4 Identify and Select Your Training Requirements

4.2 Other Training

Manual handling		Work at height / MEWP	
Fire safety		Confined space	

Please tick to confirm that training records have been checked and are in order
 This information (name / card number / expiry / certificate) must be available locally (e.g. with the PSCS / in your training register or contained in Section 8 Appendices). This list must be updated and checked on the day before the work starts

Section 5

Personal Protective Equipment (PPE). Tick if applicable

										Rings, Watches, Jewellery that may become entangled must not be worn. Long and loose hair must be tied back
Foot Protection	Hearing Protection	High Visibility	Head Protection	Eye Protection	Face Protection	Hand Protection	Protective Clothing	Respiratory Protective Equipment	Safety Harness	

Other PPE Required:

Section 6

Emergency Procedures and Welfare Requirements

<p>6.1: Rescue Plan e.g. Work at Height, Confined Spaces If required please include in appendix</p>	<p>Tick if Applicable:</p>
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6.2: Emergency Procedures (999 / 112)

Is this information already with the PSCS and / or covered in the site induction or populated on the site notice board?
 Please tick to confirm
 If **Yes**, continue to next section. If **No**, complete section below

Name of First Aid Responder:		Mobile Number:	
First Aid Box Stocked and Available: Please click to confirm			
Location of First Aid Box:			
Address of Nearest Hospital / Doctor:			
Nearest Hospital / Doctor Phone Number:			

Date:	RAMS Number:	Revision Number:
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Section 6 Emergency Procedures and Welfare Requirements

6.2: Emergency Procedures (999 / 112) Continued

Location of Nearest Assembly Point:			
Person Responsible for Reporting of Accidents and Dangerous Occurrences:			
Name:	Phone:		
Email:			
Utility Providers Contact Numbers:	ESB Networks: 1800 372 999	Gas Networks Ireland: 1800 20 50 50	Irish Water: 1800 278 278
Other Emergency Response Equipment Required (e.g. AED, Lifelines):			

Section 6 Emergency Procedures and Welfare Requirements



6.3: Welfare Requirements Required?

Toilet	
Canteen	
Drying Room	
Other (Blank)	

Section 7



Risk Assessment Method Statement Sign Off

7.1: Person(s) Responsible for Managing and Supervising Work



I have read or had it explained to me, and understood this RAMS. The RAMS reflects local on-site conditions and I am satisfied that it is safe to start work. I will so far as is reasonably practicable ensure that the work will be carried out in accordance with the measures outlined during the works. Where any significant changes are required the work will be stopped and the RAMS will be revised and resubmitted for review by the PSCS before recommending works.

Print Name:	Print Name:	Print Name:
Signed:	Signed:	Signed:
Role:	Role:	Role:
Contact No.:	Contact No.:	Contact No.:
Email:	Email:	Email:
Date:	Date:	Date:

Date:

RAMS Number:

Revision Number:



Section 7 Risk Assessment Method Statement Sign Off

7.2: Project Supervisor Construction Stage - PSCS (where appointed)

I (Insert Name) have read and understood this RAMS, or had it explained to me. I am satisfied that it is safe (so far as is reasonably practicable) to allow the work to commence based on the information provided and that it reflects local on-site conditions including the ongoing coordination / cooperation with other contractors.

Print Name:	Print Name:	Print Name:
Signed:	Signed:	Signed:
Role:	Role:	Role:
Company:	Company:	Company:
Contact No.:	Contact No.:	Contact No.:
Email:	Email:	Email:
Date:	Date:	Date:

Date:

RAMS Number:

Revision Number:



Section 7 Risk Assessment Method Statement Sign Off

7.3: Risk Assessment Method Statement Workers Briefing

I have read and understood this RAMS, or had it explained to me, and I will fully comply with all safety measures. If the work activity changes significantly, I will notify the Person Responsible for Managing and Supervising Work (Insert Name) and ask for an amended RAMS. I have also been afforded the opportunity to add any feedback / comments below.

No. 1	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 2	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 3	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 4	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 5	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 6	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 7	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 8	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 9	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 10	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)

Feedback

Date:

RAMS Number:

Revision Number:

Section 8 *Continued*

Appendices / Additional Information Required (Should be available locally for reference and viewing)

Additional Information: