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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Submission:** | | | | | | | | | | | | |
| **Method of Statement** | |  | | | | | | | | | | |
| **Ref. Project/ Contract:** | |  | | | | | | | | | | |
| **M. Statement No.**  (Issued by Contractor) | |  | | **Job Start** | **Date** | |  | **Expiry** | | **Date** |  | |
| **Time** | |  | **Time** |  | |
| **AD-Ports Location** | | **□ HQ □ KP □ ZP □ MUS □ FP □ Others, Specify:** | | | | | | | | | | |
| **Work Location:** | |  | | | | | | | | | | |
| **No. of Workers** | |  | | | | **No. of Supervisors** | | |  | | | |
| **Appointed HSE Person**  **(if appropriate):** | | **□ Yes** | **□ No** | | | **Name:** | | | | | | |
| **Contact No.:** | | | | | | |
| **Appointed Sub Contractor:** | | **□ Yes** | **□ No** | | | **Name:** | | | | | | |
| **Contact No.:** | | | | | | |
| **Risk Assessment is attached separately** | | | | | | | | | **□ Yes** | | | **□ No** |
| **Hazard Identified** | | **□ Yes** | **□ No** | | | **HSE Precautions & Controls; Planned or Undertaken** | | | **□ Yes** | | | **□ No** |
| **Description of Work:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Schedule of Work:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Plant & Equipment:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Materials:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Work Methodology:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Survey Setup:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Mobilization:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Testing & Demobilization:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **HSE Training; Target Group, Program & Frequency:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Organization, Responsibilities & Supervision:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Work Force:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Site Rules:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **HSE Precautions & Controls; Planned or Undertaken** | | | | | | | | | | | | |
| **Before Work:** |  | | | | | | | | | | | |
| **During Work:** |  | | | | | | | | | | | |
| **After Work:** |  | | | | | | | | | | | |
| **Personal Protective Equipment (PPE):** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Access to the Work Area:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Welfare Facilities:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **House Keeping:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Environmental Impact Assessment:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Emergency Procedure:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Definition & Abbreviations:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Acts, Regulations, Standards, Legislations:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **References:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| **Please sign to confirm you have read and understood this method statement** | | | |
| **Company Name** |  | | |
| **Company Contact No.** |  | **Fax No.** |  |
| **Email** |  | **Address:** |  |
| **Applicant** |  | | |
| **Contact No.** |  | **Email** |  |
| **Permit Receiver** |  | | |
| **Contact No.** |  | **Email** |  |
| This Method of Statement is issued for the above work and locations ONLY and ONLY on the condition that all required documentation (e.g. risk assessment) and permits have been completed and the requirements thereof communicated to all involved persons. | | | |