



Site Safety Pack

PCS MSRA MASTER

Includes : **Site Specific Method Statement**
Site Specific Risk Assessment
Generic Risk Assessment

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PROCESS CONTROL SERVICES (UK) LTD
JOB SPECIFIC
METHOD STATEMENT & RISK ASSESSMENT



1. METHOD STATEMENT No. PCS

- 1.1 COMPANY NAME : PROCESS CONTROL SERVICES (UK) LTD
 1.2 LOCATION :
 1.3 JOB No. : PCS
 1.4 TITLE :
 1.5 PREPARED BY :
 1.6 DATE OF ISSUE :
 1.7 DATE OF REVISIONS :
 :

1.8 PERMITS REQUIRED	
CF1 FORM	HOT PERMIT
GENERAL PERMIT	CONFINED SPACES PERMIT
EXCAVATION PERMIT	ZONE 1 & 2 PERMIT

2. RESOURCE REQUIRED

- 2.1 PCS will supply sufficient trained labour to progress the works in accordance with the site programme requirements. The number of operatives will depend upon the volume of work to be carried out at that time.
 Operatives will have had the following training where required :-
- All operatives will be time served Electricians, Apprentice Electricians and Electrical improvers.

- 2.2 The plant and equipment required to carry out the works, would be :-
 Tick as Required

110 volt drills	
110 volt Hitachi 360mm abrasive cut off saw.	
Battery Drills	
Basic Hand Tools	
Safety harnesses	
5 kVA generator (240v socket outlets to be disabled on BLI/Tarmac Sites)	
Small 110v disc grinder	
Ladders (Note correct usage – see Work at Height Regulations 2005)	
Steps (Note correct usage – see Work at Height Regulations 2005)	
Scaffold Tower (Note correct usage – see Work at Height Regulations 2005)	
Complete Inspection Report (See – see Work at Height Regulations 2005)	
Test Equipment	
Man Lifts (Trained operatives only)	

PROCESS CONTROLS SERVICES (UK) LTD
JOB SPECIFIC
METHOD STATEMENT & RISK ASSESSMENT



- 2.3 The nominated PCS site supervisor will be
- 2.4 The nominated Customer site supervisor will be
- 2.5 The Electrical equipment and materials will be lifted to the workplace by hand
Please note – weight of the electrical equipment does not exceed 25 Kg.

2.6 MATERIALS & TOOLS

Materials (Cable, tray, ladder, glands, control panels, instrumentation etc) and PCS Tools (Drills, grinders, chop saws, extension leads, ladders, test instruments etc) must not be left out on site and should be locked up in either a secure site hut, container, secure compound or a clients locked building.

3.0 SIGNIFICANT RISKS

3.1 The following significant risks / hazards have been identified as applicable to the works detailed, for which associated risk assessments have been prepared Tick as appropriate.

Manual handling	
Falls from height	
Hit by falling object	
Handling / working with sheet metal	
Inclement weather	
Offloading materials	
Noise	
Safe use of electrical tools	
COSHH assessment will be provided where required.	
Road Traffic	
Rail Traffic	
Working in Trenches / Confined Spaces	
Working on or near water.	
Zone 1 or 2 Gas Area.	
Dust	
Electrocution	

4.0 CONTROLS MEASURES TO BE USED

- 4.1 All operatives will carry current Passport to Safety ID and attend Site Induction where applicable. Where the site plan and layout, together with safe and authorised routes will be identified
- 4.2 All personnel working on site will comply with Customer requirements with regard to Health & Safety and Works Rules whilst on site.

PROCESS CONTROLS SERVICES (UK) LTD
JOB SPECIFIC
METHOD STATEMENT & RISK ASSESSMENT



- 4.3 Where a permit to work system is operated. The permit system will be strictly adhered to at all times.
- 4.4 All work will be carried out by trained and competent operatives
- 4.5 Risk assessments will be prepared for the hazards identified in section 11 of this document
- 4.6 All hand tools will be supplied complete with all necessary electrical test certificates.

5. PERSONAL PROTECTIVE EQUIPMENT

5.1 Mandatory site requirements for PPE are :- Tick as required.

Safety helmet.	
Safety glasses	
Safety boots.	
High visibility jackets.	
Overalls	
Gloves	
Safety goggles	
ADDITIONAL EQUIPMENT THAT MAY BE NEEDED	
Safety Harness	
Dust Mask with correct Filter	
Ear Defenders and or Ear Plugs	
Knee Pads/Protectors	

6. EMERGENCY ARRANGEMENTS

6.1 Should an emergency arise, the Site – Emergency Procedure for the Works will be followed, a copy of which will be available within the site office.

The ‘Site Emergency Procedures’ will be explained to all personnel attending site inductions, prior to commencing work.

All accidents will be reported to the site supervisor no matter how minor

7. TEMPORARY AMENDED SYSTEMS

7.1 All personnel will comply with the requirements of current PCS (UK) Ltd Site Procedures and any amendments that are implemented.

7.2 PCS site supervisor will communicate daily with Customer and any other contractors and / or personnel in the work area. Any changes to arrangements or procedures will be communicated to him, he will in turn, communicate this information to his team and any others in the work area.

8. INFORMATION AND FEEDBACK

8.1 This method statement is being submitted to Customer for comment and / or approval.

8.2 Any comments made during the approval process will be incorporated into the method statement, which will then be re - submitted for approval.

PROCESS CONTROL SERVICES (UK) LTD
JOB SPECIFIC
METHOD STATEMENT & RISK ASSESSMENT



11. Site Specific Risk Assessment

This risk assessment is to be used in conjunction with the generic assessments as attached. The assessment will focus on the environment in which the activity is to be carried out, others at risk who are not identified on the generic assessment, materials used in the area, production operations and traffic movements. Particular attention must be paid to the risks arising from the combination of normal activity in the area and the activity identified in the generic assessment.

Specific Activity to be Carried Out	Those at Risk
	Electrical Operatives/contractors
	Production operatives
	Other Contractors

RISK RATINGS RISK = LIKELIHOOD x SEVERITY			
LIKELIHOOD		SEVERITY	
5	Certain, Imminent	5	Death
4	Very Likely	4	Major Injury, Disabling Disease
3	Likely	3	Injury, non-disabling illness, Serious Damage
2	Unlikely	2	Minor Injury, Minor Damage
1	Very Unlikely	1	Delay, Prosecution
Risk Assessment Factor R = L x S			
13 – 25 = High Risk		7 – 12 = Significant Risk	
		1 – 6 = Low Risk	

R = RISK = L = LIKELIHOOD * S = SEVERITY				Residual Risk After Controls				TICK AS REQ.	
Hazards	L	S	R	Control Measures	L	S	R		
Collision with Road/Rail Traffic	2	5	10	Wear High Visibility Clothing. Be aware of traffic flows.	1	5	5	LOW	
Noise from Machinery	3	3	9	Wear ear protection	1	2	2	LOW	
Air borne dust (in area and on tray works)	3	3	9	Wear safety glasses & goggles when needed.	1	3	3	LOW	
Use of Portable Electrical Equipment	1	3	3	See GRA 011	1	2	2	LOW	
Use of Disc Cutters* <i>*See note below</i>	2	2	4	See GRA 012 (See note on Page 7)	1	2	2	LOW	
Use of Hand Tools	2	2	4	See GRA 013	1	2	2	LOW	
Electrical Work Up To 415V	2	5	10	Only Competent Electrical Trained Personnel. No Live working	1	5	5	LOW	
Fire Safety	2	3	6	See GRA 027	1	3	3	LOW	
Manual Handling	2	3	6	See GRA 037	1	2	2	LOW	
Lifting of equipment using mobile cranes	2	4	8	See GRA 010	1	4	4	LOW	
Running of Cables in Trenches	3	2	6	See GRA 007 & 008	1	2	2	LOW	
Working at Height	<i>A place is 'at height' if a person could be injured falling from it, even if it is at or below ground level.</i>								
Working at Height	2	4	6	See GRA 001, 002, 003, 004.	1	2	2	LOW	
Objects falling from height	3	3	9	Wear protective hardhat.	3	1	3	LOW	
Mobile Access Towers	2	3	6	Erect tower using either the advanced guard rail system or the 'through the trap' (3T) system. Inspect scaffold and complete 'Inspection Report'. Complete and post 'Scaf-Tag'	1	2	2	LOW	

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JOB SPECIFIC
METHOD STATEMENT & RISK ASSESSMENT



***Note – Use of Heat**

To comply fully with the requirements of our insurance company endorsement A711X (or equivalent) we **must** adhere to the following procedures when working with heat.

In particular Item 2 – when using cutting or grinding equipment, angle grinders, chop-saw etc

You must ensure that the following precautions are taken each time any

1. Electric, oxy-acetylene or similar welding or cutting equipment
2. Cutting or grinding equipment using abrasive disks or wheels
3. Blow lamp, blow torch, hot air gun or hot air stripper, soldering iron.

is used away from any PCS(UK)Ltd premises.

BEFORE STARTING WORK

1. Where YOU and any other person(s) for whom YOU are responsible are working at a site, a person responsible for fire safety must be appointed to ensure the following precautions are taken.
2. Fire safety checks to identify material that might be liable to catch fire must be carried out before works commences including the areas
 - a) under floors or decks or above ceilings (including false or suspended ceilings)
 - b) behind walls, screens, bulkheads or partitions

and such checks must be repeated regularly during the work and immediate steps taken to extinguish smouldering or flames detected.

3. Combustible materials within 10 metres of the point of the application of heat, including, if there is a risk of ignition directly or by conduction, materials
 - a) under floors or decks or above ceilings (including false or suspended ceilings)
 - b) behind walls, screens, bulkheads or partitions

must be removed or, if impracticable covered and protected by overlapping sheets or screens of non-combustible material.

4. All gaps or holes through which sparks or flames could pass must be covered by non-combustible material.

WHILE WORK IS IN PROGRESS

1. A sufficient number of portable fire extinguishers in full working order and suitable for dealing with the type of fire risk expected must be kept available at the point of application of heat and used immediately smoke, smouldering or flames are detected.
2. Heat equipment
 - a) must not be lit until immediately before use.
left unattended while lit, switched on or hot.
 - b) must be extinguished immediately after use.
3. Cylinders
 - a) must not be changed while the equipment is hot.
 - b) not in use must be kept at least 15m from burner.
4. Paraffin or petrol powered equipment
 - a) must be filled/refilled in the open.
 - b) must not be filled/refilled while hot.

AFTER FINISHING WORK

1. Hot waste materials must be removed and safely disposed of.
2. A final fire safety check must be carried out between 30 and 60 minutes after work has finished and immediate steps taken to extinguish smouldering or flames detected.

PROCESS CONTROLS SERVICES (UK) LTD
JOB SPECIFIC
METHOD STATEMENT & RISK ASSESSMENT



Scaffold Inspection Report

Scaffold tower must be inspected :
○ After assembly in any position
○ After any event liable to have affected its stability
○ At intervals not exceeding seven (7) days

1. Name and address of person for whom inspection was carried out.

2. Site address :

3. Date and time of inspection

4. Location and description of place of work or work equipment inspected.

5. Matters which give rise to any Health and Safety risks

6. Can work be carried out safely?

7. If not, name person informed.

8. Details of any other action taken as a result of matters identified in 5 above.

9. Details of any further action considered necessary.

10. Name of person making the report.

11. Date and time report handed over.

12. Name and position of person receiving the report.

PROCESS CONTROLS SERVICES (UK) LTD
JOB SPECIFIC
METHOD STATEMENT & RISK ASSESSMENT



Safety Harness Inspection Report

- Safety harness must be inspected :
- Before Use.
 - After any event liable to have affected use.
 - After use.

1. Name of person using safety harness.

2. Harness serial No and PCS equipment No

3. Site address:

4. Date and time of inspections

5. Description of activity or work requiring use of safety harness.

6. Condition of safety harness.

Before use After use

Clean, Using Brush.		
Check, Clips and Carabineers. <i>(All clips and Carabineers close and lock correctly)</i>		
Check, Stitching. <i>(No loose stitching. No missing stitching)</i>		
Check, no contamination with chemicals. <i>(Corrosive chemicals, Paints, Oil)</i>		
Check, for cuts, damage by falling objects. <i>(Damage to Lanyard, Webbing)</i>		
Check, shock absorbing system (if fitted)		
Check tag is fitted .		

7. Can work be carried out safely?

8. If not, name person informed.

9. Details of any other action taken as a result of matters identified in 6 above.

10. Incidents during harness use.

11. I have checked the above numbered Safety Harness and deem it fit for use. (Sign and Print)

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JOB SPECIFIC
METHOD STATEMENT & RISK ASSESSMENT



SAFETY DEVICE CHECKSHEET

SAFETY DEVICE TYPE	Tick appropriate Box	DESCRIPTION & LOCATION	SAFETY DEVICE REMOVED BY	TIME/DATE	SAFETY DEVICE REPLACED BY	TIME/DATE
E Stop button				:		:
E Stop rope switch				/ /		/ /
Mechanical guard						
Other						
E Stop button				:		:
E Stop rope switch				/ /		/ /
Mechanical guard						
Other						
E Stop button				:		:
E Stop rope switch				/ /		/ /
Mechanical guard						
Other						
E Stop button				:		:
E Stop rope switch				/ /		/ /
Mechanical guard						
Other						
E Stop button				:		:
E Stop rope switch				/ /		/ /
Mechanical guard						
Other						
Safe to operate: _____ Date: _____ Time: _____						

PROCESS CONTROLS SERVICES (UK) LTD
JOB SPECIFIC
METHOD STATEMENT & RISK ASSESSMENT



ISOLATION CERTIFICATE

Isolation Number: _____ Date: _____

Following work to be done: _____

Type of isolation required, Tick or cross box as required: EI Pn Hy

It is safely isolated at: _____

By locks: Removed Fuses MCB

Other-Please Specify _____

NAME PRINT	LOCK ID	DATE/TIME ISOLATION STARTED	SIGNED	DATE/TIME ISOLATION REMOVED	SIGNED

Authorised person to sign when everything stated above has been actioned and checked.

Time: _____ Am/pm

Signature _____

Transfer of isolation control:-

From (Print) _____ To (Print) _____

Sign _____ Sign _____

Time _____ Am/pm

ISOLATION CLEARANCE CERTIFICATE

Isolation No: _____

The following sections of plant are now cleared. Work as detailed is complete, all sections safe and persons withdrawn checked. All guards and safety devices are replaced and secured.

Date: _____ Time: _____

Signed Authorised Person: _____

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JOB SPECIFIC
METHOD STATEMENT & RISK ASSESSMENT



COMMISSIONING CHECK SHEET

Date	<input type="text"/>		
Motor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permit obtained	<input type="text"/>	<input type="text"/>	<input type="text"/>
Warning signs in position	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area made safe (Barriers / Warning tape)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Locks in position to prevent Accidental rotation of drives	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency stops tested and operational	<input type="text"/>	<input type="text"/>	<input type="text"/>
Control circuits field ok	<input type="text"/>	<input type="text"/>	<input type="text"/>
RSD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Isolator	<input type="text"/>	<input type="text"/>	<input type="text"/>
All other devices	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cable tested (Zs lower than max Zs of device) (Insulation resistance greater than 1 meggar Ohm)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set overloads to motor rating (on motor rating plate)	<input type="text"/>	<input type="text"/>	<input type="text"/>
All guards/safety devices are securely in position	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rotate drives to check direction (Plant operator and/or mechanical staff Should be present)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Confirm correct operation of plant (Sequence/Limit switches)	<input type="text"/>	<input type="text"/>	<input type="text"/>

PROCESS CONTROLS SERVICES (UK) LTD
JOB SPECIFIC
METHOD STATEMENT & RISK ASSESSMENT



Method Statement Communication Acceptance Form

Project No. PCS

I have received and read and understand the Method Statement for the above project.
I will comply with the requirements of the method statement.

Name: _____	Signature: _____
Name: _____	Signature: _____
Name: _____	Signature: _____
Name: _____	Signature: _____
Name: _____	Signature: _____
Name: _____	Signature: _____
Name: _____	Signature: _____
Name: _____	Signature: _____
Name: _____	Signature: _____
Name: _____	Signature: _____

Number of personnel who have been shown and issued with copies of the Method Statement for the above project: _____

Note any points of concern and bring to the attention of the Site Supervisor, and the Health and Safety Officer, who will if necessary amend the above method statement.

Signed: Site Supervisor _____

Name (Capital Letters) _____

Signed : Witnessed by Client Authorised Person _____

Name (Capital Letters) _____

MATERIALS & TOOLS

Materials (Cable, tray, ladder, glands, control panels, instrumentation etc) and PCS Tools (Drills, grinders, chop saws, extension leads, ladders, test instruments etc) must not be left out on site and should be locked up in either a secure site hut, container, secure compound or a clients locked building.