	Method Statement Risk Assessment	Method Statement Risk Assessment Title:	Location Event:	Date Submitted:
---	---	--	------------------------	------------------------

Location of Event: (Detail location of event)	
---	--

Event Supervisor: Contact Name	Tel:
--	------


Event Back Up Supervisor (Supervisor Contact Details)	Tel:
---	------

Event Scope: Brief description of event	
---	--

--	--









Time & Date of Proposed Event:	
---	--

<p>General Notes:-</p> <ol style="list-style-type: none"> 1. All personnel will have received a safety induction prior to the event commencing. 2. A Risk Assessment will be completed by the event supervisor and will be attached to this method statement. 3. All activities / work will be conducted under the supervisor in charge at all times. 4. Supervisor to ensure all activities are undertaken by competent and experienced persons. 5. If the work activity changes or deviates from that originally envisaged under the scope of this document, <u>work must stop</u>. Any changes or deviations from the planned work as outlined in this method statement must be approved and agreed with the Supervisor 6. Personnel will operate a "clean as you go policy" and appropriate waste disposal stream will be used at all times.

	Method Statement Risk Assessment	Method Statement Risk Assessment Title:	Location Event:	Date Submitted:
---	---	--	------------------------	------------------------

Personnel Protection Equipment (PPE), Training.

Personnel Protection Equipment: ((☒/☐)) Mark up as appropriate, specific daily PPE requirements will be called out on PTW)

						
Safety Boots	Hard Hat	Hi Viz Vest	Gloves	Ear Protection		
As required	As required	✓	As required	As required		
						
Safety Glasses	Overalls	Safety Harness				
As required	As required	As required >2m				

PPE Comments/ Additional Requirements (e.g. Chin straps, goggles, Harness & lanyard:
Additional PPE may be required due to C-19 Risk Assessment for tasks where works will be within 2 metres










General work permit is required for all works High Risk Work Permits Required ((☒/☐)) Mark up as appropriate)

N/A					

Specific Training:


Some club members through their normal daily works will already possess some safety training cert's e.g
Solas Safe Pass, Manual Handling, Work at heights, CIF Covid 19 Induction


Hazardous Substances: ((☒/☐)) Mark up as appropriate/ Attach SDS if required) N/A

	<input checked="" type="checkbox"/>	Acute Toxicity		<input checked="" type="checkbox"/>	Serious Health Hazard		<input checked="" type="checkbox"/>	Hazardous to Environment
	<input checked="" type="checkbox"/>	Health Hazard		<input checked="" type="checkbox"/>	Explosive		<input checked="" type="checkbox"/>	Flammable
	<input checked="" type="checkbox"/>	Corrosive		<input checked="" type="checkbox"/>	Oxidising		<input checked="" type="checkbox"/>	Gas under Pressure

Method Statement Work Details.

Access to Event Area.:	As outlined by Supervisor on the day.
-------------------------------	---------------------------------------

	Method Statement Risk Assessment	Method Statement Risk Assessment Title:	Location Event:	Date Submitted:
Key Plant, Tools, Equipment but not limited to:	<ul style="list-style-type: none"> • Generator, 220 volt Extension leads, Fuel • Mobile antenna towers • Antenna masts • Beam and wire antennas • Guy ropes, guy anchors • Gazebo's • Barbecue Equipment • Gas Cylinder • Car Trailers • Radio's & associated items. • PSU's • Computers • Computer screens etc. • Extinguishers & Fire Blanket 			
Specific Identified Hazards: Manual handling, Tower installation, antenna mast installation, antenna installation, guy ropes, generator, barbecue, gas cylinders. COVID	<ul style="list-style-type: none"> • Manual Handling • Ladders straight and A-frame • Antenna mast erection • Antenna installation • Antenna mast guy wires & trailing cables. • Gas cylinders • Car trailers • Radio equipment & coax feed lines. • Generators • Power cables • COVID 			
Sequence of Operations:	<p style="text-align: center;"><u>Covid</u></p> <ul style="list-style-type: none"> • The Rules and Regulations implemented by the national government bodies will be strictly adhered to. <p>-</p> <p><u>Sequence of Operation</u> <u>RAMS document to be read, accepted & signed by all taking part in the event prior to event starting.</u></p> <ul style="list-style-type: none"> • All operatives will operate with a buddy system. • Identify a suitable area to erect antennas. • Identify a suitable and safe area for erecting a tent if applicable, at a safe distance one and a half times the distance away from the height of mast and antenna should it fall down. • When antenna installation is complete, the area including any guy wires etc should be cordoned off to include no access from personnel with red/white bunting tape. • Generator to be sited as far away as possible from the operating area as possible. • Power cable from generator to radio equipment to be routed away from walk ways. • Fire extinguisher (Powder) to be sited beside the Generator. 			

	Method Statement Risk Assessment	Method Statement Risk Assessment Title:	Location Event:	Date Submitted:
---	---	--	------------------------	------------------------

	<ul style="list-style-type: none"> • Fire extinguisher (CO2) to be sited in tent near radio equipment. • Barbeque equipment and gas cylinder to be located away from the tent. • A suitable Fire Blanket to form part of the barbeque equipment. • Gas hobs to be sited away from tent / gazebo covers. • A suitable First Aid kit to be available at all times and sited in the tent. • When the event is over the above will be taken down, dismantled, loaded on to a trailer and taken away. • The area of the event will be cleared of any rubbish etc. and left as found. • Safe home !!
--	--

Equipment laydown area review: Required Laydown areas on site, delivery truck	As advised by supervisor
---	--------------------------

Working at height requirements: Scaffold/ Step Ladder, Podium Ladder, Straight Ladder; access.)	<ul style="list-style-type: none"> • Straight Ladder • A-Frame Ladder
---	---

Fall Protection Measures: (Where work at height cannot be eliminated – consider both Personnel & Materials. (E.g. Guard Rails/Toe Boards/Brick Guard/Safety Harnesses/Exclusion Zones, excavation protection, etc.)	Safety harnesses to be worn and tied off if possible at all times while working at heights > 2m.
--	--


Spill Control, Waste Management Measures: (Spill Kits, Housekeeping, Use of on-site skips; Contractor skips specific to project etc.)	N/A
--	-----

System withdrawals : (where required ensure system withdrawals are in place as per reference system detail, etc.) ((☞/☞) Mark up as appropriate)	N/A
---	-----


Addition Information:	<input checked="" type="checkbox"/> N/A
------------------------------	---

Method Statement Emergency Procedure/ Rescue/ Welfare Details

<p>Emergency Procedures: <i>Call the numbers below.</i></p> <p><u>Contact numbers:</u></p> <p>Emergency Response and Rescue Plan (ERRP):</p> <ul style="list-style-type: none"> • Should any person become incapacitated the supervisor will immediately notify first aider if one is available. • Ensure area is safe to access • Shutdown all radio equipment etc. • First aider will complete assessment, provide first aid. • For more serious injury, Emergency services notified. • First aiders will administer first aid, CPR, place operative in recovery position if required and

	Method Statement Risk Assessment	Method Statement Risk Assessment Title:	Location Event:	Date Submitted:
---	---	--	------------------------	------------------------

keep comfortable until emergency services arrive.

	Name of On-Site First Aider/s:	TBA
	First Aid Box Location:	Operating Tent
	ERT Requirements: (e.g. notification or required at work area)	
	Other Details:	Emergency number 999
Welfare Requirements:		Nearest Service Station
Other information & Comments:		

Method Statement Sign off/ Approval:

Safety Supervisor

Prepared By: (Name/ Club / Position)		Date:	
--	--	--------------	--

Reviewed By: (Name/ Club / Position)		Date:	
--	--	--------------	--

Approved By:		Date:	
---------------------	--	--------------	--

Briefing Sign Off Sheet: To be signed by all attending the event

I (the undersigned) confirm that I have read and understood this RAMS (Risk Assessment and Method Statement) document contents and agree to comply with the specified requirements and control measures. If the work activity changes or deviates from that originally envisaged, we will stop the event / works and seek further advice. (Attach extra sign in sheet if required)




**Method Statement
Risk Assessment**

**Method Statement
Risk Assessment
Title:**

Location Event:

Date Submitted:

	Name	Signature	Club Member Y/N	IRTS Member Y/N	Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					

	Method Statement Risk Assessment Rev 0	Method Statement Risk Assessment Title:	Location Event:	Date Submitted:
---	---	--	------------------------	------------------------


Risk Assessment Methodology

All hazards identified will be subject to the risk assessment process which will involve:

The risk assessment used is Quantitative method. This method uses both words and numbers to determine the severity and likelihood of an accident happening. The risk matrix is made up of two words. Likelihood and Severity. Likelihood is used to make a judgement on the chance of an accident happening as practically impossible, not likely, likely and very likely. Severity details how severe the injury will be to person(s) involved. The risk is then calculated by multiplying the likelihood by the severity. The risk assessment will then show the possible chance of an accident happening based on Low, Medium and High chance. To control the risks identified control measures will then be decided and the potential risk will be re-calculated with controls in place by multiplying the likelihood and severity using the same technique as outlined above.

The Risk Matrix is presented in a colour format. These different colours used are red, gold, blue and green. The colour Red will indicate high danger and that the activity cannot be carried out. Gold will indicate medium risk associated but will be less of a risk than the red colour. Blue & Green colour is used to indicate that a low risk is present and risks are not as severe as red and gold colours but controls must be implemented, maintained and monitored.

All activities will be undertaken by competent persons.

	Method Statement Risk Assessment Rev 0	Method Statement Risk Assessment Title:	Location Event:	Date Submitted:
---	---	--	------------------------	------------------------

Risk assessment matrix:


Risk rating level = Likelihood x Severity

Qualitative Risk Matrix			LIKELIHOOD of occurrence				
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
SEVERITY of consequence	CAT4	5	5	10	15	20	25
	CAT 3	4	4	8	12	16	20
	CAT2	3	3	6	9	12	15
	CAT1	2	2	4	6	8	10
Severity & Likelihood risk levels			1	2	3	4	5

RISK LEVEL	RISK DESCRIPTION	REQUIRED ACTION
16 to 25	Very High	These risks are unacceptable.
10 to 15	High	Substantial effort shall be made to reduce the risk.
5 to 9	Moderate	Risks are to be addressed in order of priority
2 to 4	Low	These risks are considered low.

LIKELIHOOD of occurrence	
Tier 1	Improbable - Measures are in place so the situation is not likely to occur.
Tier 2	Unlikely - Measures are in place but the situation could occur.
Tier 3	Possible - Measures are in place but the situation could occur anytime in next 5 years.
Tier 4	Probable - This situation occurs at least once and, likely to occur again.
Tier 5	Almost Certain - This situation exists now. There are common repeating occurrences.

Type of Impact	SEVERITY of consequences			
	Category 1 (Minor)	Category 2 (Moderate)	Category 3 (Severe)	Category 4 (Catastrophic)
Safety	Lacerations, burns, concussion, serious sprains, minor fractures. Injury may require medical treatment and/or restricted work.	Injury involving a "short term" absence from work. Condition may result in surgery or hospitalization, rehabilitation etc.	Serious injury involving "prolonged" absence from work. Condition may result in surgery, hospitalization, rehabilitation etc.	One or more fatal injuries. Multiple serious injuries involving fractures, amputations, permanent disability etc.
Health	Initial hearing loss, dermatitis, asthma, upper limb disorders, ill health with minor disability. Requires medical treatment and/or restricted work.	Adverse health condition involving "short" term absence from work. Condition may result in surgery, hospitalization, rehabilitation etc.	Serious adverse health condition involving "prolonged" absence from work. Condition may result in surgery, hospitalization, rehabilitation etc.	One or more fatal diseases or severe life shortening conditions, permanent or substantial disability. Multiple serious ill health cases.
Environmental	Release with minor off-site environmental	Release with significant off-site	Release with severe off-site environmental	Release with long term impairment of eco

	Method Statement Risk Assessment Rev 0	Method Statement Risk Assessment Title:	Location Event:	Date Submitted:
---	---	--	------------------------	------------------------

	impact. Site significant with reversible effects	environmental impact. Locally significant	impact. Locally significant with long term	system function. Regionally significant, irreversible effects (not reversible within
--	--	---	--	--

Severity (S) / Likelihood (L) / “Risk Level (RL) = Likelihood x severity”

No.	Individual Activity Description	Hazards Identified	Persons / Groups at Risk	Risk Before Controls			Existing and Additional Risk Control Measures	Risk Remaining After Controls		
				S	L	RL		S	L	RL
1	Manual Handling	Strains & Spranes	Event Personnel	3	3	9	All personnel to carry out manual handling of equipment and tools in a safe manner. Personnell to keep there back straight and bend the kness when lifting.	3	1	3
2	Erecting Mast, Antenna & Guy wires	Mast or Antenna falling	Event Personnel	4	3	12	Only a competent and experience personnel will erect the mast and antenna system. All equipment used will be in good working order. A check of all the equipment will take place prior to the equipment being used.	4	2	8
3	Exclusion Zone	Tripping, falling, falling of equipment or antenna, equipment.	Event Personnel	3	2	6	Club will create “Exclusion Zone “using barriers and bunting tape around event area. Exclusion zone will remain in place until event finishes.	3	1	3
4	Use of general hand tools, battery operated drill, soldering iron.	Cuts, burns, grazzes, swarf in eyes.	Event Personnel	3	2	8	Ensure items being drilled or cut are secured in place. Wear correct PPE safety glasses, gloves etc at all times. Maintain tools & equipment in accordance with the manufactures instructions.	3	1	3
5	Straight & A-Frame step ladders	Falling Person Falling material	Event personnel	5	5	25	Straight Ladders & A-Frames must be maintained in accordance with the manufactures instructions. A Buddy system will be in operation at all times. <u>Straight Ladder:</u> Will be tied of and footed at all times. Where possible an angle of 1:4 to be maintained at all times. <u>A-Frame:</u> To be erected on solid ground, footed when in use. An inspection of all ladders will be carried out prior to any works being done.	5	3	15



**Method Statement
Risk Assessment
Rev 0**

**Method Statement
Risk Assessment
Title:**

Location Event:

Date Submitted:

No.	Individual Activity Description	Hazards Identified	Persons / Groups at Risk	Risk Before Controls			Existing and Additional Risk Control Measures	Risk Remaining After Controls		
				S	L	RL		S	L	RL
6	Barbeque Gas Equipment, Gas Hot Plates, Electric Generator, and Antennas feed lines	Burns and scalds	Event personnel	3	3	9	Treat all items as hot. Inspect all work area for dangers before cooking begins. Wear gloves and long sleeves at all times. Turn off Generator before re-fueling. Treat all low level antennas feed lines as hot. Keep Fire Balnket and Extinguisher close to the radio operating & cooking area at all times.	3	1	3
7	Persons with symptoms	Spread of Covid	Event personnel	4	4	16	Any persons displaying COVID symptoms to immediately self-isolate, and contact their GP: Cough / Shortness of breath / Breathing difficulties / Fever or High Temperature / Any other flu like symptoms.	4	2	8