

**Rev 0.9- Dec 2022**

Mandatory Additional Permits <i>The following permits must be obtained from the B&E Dept. if your work involves any of the following</i>	☐	Excavation (UG Services)	☐	Roof Access
	☐	Fire protection system isolation	☐	Confined Space
	☐	Electrical Isolations	☐	Hot Works

Design Safety: Does the work involve exposure to any of the Particular Risks referred to in Schedule 1 of the 2013 Construction Regs? Does it involve other high risk activities referred to below? If Yes, you must submit a RAMS which must be approved by the B&E Dept. before work commences

Please refer to SOP 001 for specific University rules and procedures for risks listed below.	Applicable?		RAMS submitted and reviewed by B&E?	<i>Note: There are several parts of the University built pre 2000 where Asbestos Containing Materials (ACM's) are present.</i> Have you checked the ACM Register? ☐ Yes ☐ N/A to works Is the work routine maintenance? ☐ Yes ☐ No Is an RDAS required? ☐ Yes ☐ No Are staff trained in ACM Awareness? ☐ Yes ☐ No ☐ N/A to works
Is there a Particular Risk present?	☐	☐	☐ Yes	
Work on campus roads/pedestrian walkways?	☐	☐	☐ Yes	
Does the work involve use of a MEWP?	☐	☐	☐ Yes	
Does the work involve structural steel?	☐	☐	☐ Yes	
Is the work on services?(gas/water/air etc)	☐	☐	☐ Yes	
Scaffolding or Mobile Tower?	☐	☐	☐ Yes	
Works near ACM's? (see across)	☐	☐	☐ Yes	
Are you using a Drone/Flying Equipment?	☐	☐	☐ Yes	
Other Significant Risk:?	☐	☐	☐ Yes	

Sequence of tasks or method statement

List the sequence and description of each phase of works (attach additional page where necessary). Refer to relevant RAMS also.

[illegible]

Minimum Training Required for Task (Tick to confirm in place. (Refer to SOP 001 for details)

☐	Safe Pass	☐	MEWP	☐	CSCS Digger	☐	SLG	☐	Confined Space	☐	Other? List below
☐	Manual Handling	☐	Confined Space	☐	CSCS Dumper	☐	LUGS	☐	Abrasive Wheels		
☐	Work at Height	☐	Forklift	☐	CSCS T-Handler	☐	Mobile Tower CSCS	☐	Asbestos		

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P.P.E (Tick as appropriate. Note: Helmet, safety footwear and hi-vis clothing are mandatory for construction work)									
Hard Hat 	Safety Shoes 	Hi-vis vest 	Eye Protection 	Gloves 	Ear Protection 	Respiratory Eqp. 	Overalls 	Dusk Mask 	Fall Arrest 
Foreseeable Risks and Control Measures									
Tick ☐ Circle to Indicate Hazard Present Place X in the box to the immediate left of the required Control									
Work ☐ At Height 	☐ Safe work platform ☐ Cordon off area below ☐ Spotter in place ☐ Certified MEWP (GA1)	☐ Trained Operator ☐ Signage in place ☐ Harness (specify type) ☐ Check before use(GA3)	Manual Handling ☐ 	☐ All staff trained ☐ Use team lifts ☐ Use lifting aids ☐ Use correct technique	☐ Certs for lifting aid ☐ Appropriate clothing ☐ Load stability ☐ Weight assessed				
Ladders ☐ 	☐ Podium Ladder ☐ Metal ladders not in use ☐ Correct ladder angle 1:4 ☐ Fall arrest equipment in use where required	☐ Ladder to be footed ☐ Area cordoned off ☐ Correct ladder type ☐ GA3 check	Slip/Trips ☐ 	☐ Clean as you go ☐ Signage in Place ☐ Designated storage area ☐ Daily Audits	☐ Safe disposal of waste ☐ Designated owner ☐ Report any defects ☐ Waste segregation				
Environmental ☐ 	☐ Chemicals on site ☐ SDS check and submit ☐ Waste removed. ☐ Ear protection	☐ Out of hours Work ☐ Area Isolated ☐ Dust control	Fire ☐ 	☐ Fire Fighting equipment ☐ Emergency exits clear ☐ Fire Exits Identified ☐ Waste Material Removed	☐ Hot Works permit ☐ Facilities Notified ☐ Dedicated fire watch ☐ Notify out of hours work				
Vehicles ☐ 	☐ Trained/Licenced driver ☐ Keep pedestrians clear ☐ Certified (GA1, GA2) ☐ Obey speed limits	Staff, Students, visitors ☐ 	☐ Erect barriers/signs ☐ Notify works ☐ Approved TMP ☐ Security notified	Electricity ☐ 	☐ No live works (LOTO) ☐ 110V tools only ☐ Tools checked (PAT) ☐ No trailing leads				
List any additional control measures required to complete the works safely: _____									
Declaration by Contractors/Suppliers Supervisor for the Work. I confirm that the above information is correct.									
Name (Block Capitals):		Signature:		Date:					
Team Member Sign Off- I confirm that I have been briefed on/read the above plan/precautions and confirm that work will be completed in accordance with the above plan. (Use additional page for extra names)									
Name Printed	Signature	CSCS	Safe Pass #						
_____	_____	_____	_____						
_____	_____	_____	_____						
_____	_____	_____	_____						
_____	_____	_____	_____						
_____	_____	_____	_____						
_____	_____	_____	_____						
Authorisation (This section is to be completed by B&E Dept. Authorised Representative)									
Additional B&E Dept. safety requirements or comments? _____									
Approved by:	Name (Block Capitals)	Signature	Date						
B&E Dept. Representative:									
UL Contact Numbers		Coordination with others in area							
Buildings and Estates Dept.:	061 202001/6	Will other contractors or persons be affected by the proposed work?							
Security (After Hours):	061 202010	Have they been informed of the hazards? Yes ☐ N/A ☐							
UL Campus Emergency Number:	061 213333	If yes, notified by whom?:							
Contractor/Service Provider supervisor to initial below each day that works are ongoing to confirm that no new hazards have been introduced.									
Mon	Tues	Wed	Thurs	Fri	Sat Sun				
☐	☐	☐	☐	☐	☐ ☐				
The above is an non-exhaustive list of hazards & controls. A new Safe Plan of Action must be completed when the task or the environment changes. A new SPA is required at the start of each week unless otherwise agreed with B&E									
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