***Work Method of Statement***

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| **1** | **Description of task/ activity:** | |  | | | | | | | | | | | | | | | | | | | |
| **2** | **Author of WMS:**  (Print Name) | |  | | | | **WMS Ref:**  (e.g. WMS-JED-001) | | | | | | | | | |  | | | | | |
| **Date WMS created**  (e.g. 15/11/16) | |  | | | | **Product Ref:**  (e.g. JED0001-MU) | | | | | | | | | |  | | | | | |
| **3** | **Location** (Dubai / Abu Dhabi etc. | |  | | | | **Site Location:**  (Describe) | | | | | | | | | |  | | | | | |
| **4** | **Work Supervised by:** | | Howard Letch | | | | **Designation:** | | | | | | | | | | Project Manager | | | | | |
| **5** | Start date:  (dd/mm/yy) |  | | | Finish date:  (dd/mm/yy) | | | | | |  | | | | Work Duration  (#days or hours) | | | | | |  | |
| **6** | **Persons involved on site:**  (Contractors) | | **Company Name** | | | | | | | | | **Roles/Trades** | | | | | | | | | | |
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| **7** | **Tools and equipment** | |  | | | | |  | | | | | | | | | |  | | | | |
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| **8** | **Personal Protective Equipment: (PPE)**  (Yes/No) | | **Safety Shoes** | **Safety Vest** | | **Hard Hat** | | | | **Safety Gloves** | | | **Uniform** | | | **Eye Protection** | | | | **Ear Protection** | | **Safety Harness** |
|  |  | | cid:image002.jpg@01D1B4DF.B2C86800 | | | |  | | |  | | |  | | | |  | |  |
| ✓ | ✓ | | ✓ | | | | ✓ | | | - | | |  | | | |  | |  |
| **9** | **Personal Responsible**  (Contractor) | | **Name** | | | | | | **Designation** | | | | | | | | | | **Mobile name** | | | |
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| **Personal Responsible** | |  | | | | | |  | | | | | | | | | |  | | | |
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| **10** | **Emergency Contact Numbers** | | **Police: 999** | | | | | | | | | | | **Fire: 997** | | | | | | | | |
| **Medical & Ambulance: 998** | | | | | | | | | | |  | | | | | | | | |

**NOTE: IN AN EMERGENCY/ACCIDENT YOU MUST CONTACT**

**XXXXXXXXXX**

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| **11** | **Event Location and access route:**  (map/diagram) |  |
| **12**. | **Mock Up:**  (sketch/photo etc)  Stage with sound and light |  |

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| **13** | **Product Specification:**  (sizes, weight etc) |  |
| **14** | **Sequence of Operations:**  (step by step of how the job will be done in a safe way from start to finish) | ***Site Preparation:***  ***Installation Process:*** |

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| **15** | **Electrical Details:** |  |
| **16** | **Risk Assessment:**  (ref to separate document  state reference number) | Submitted with this mail |
| **17** | **Evacuation route and information**  (Fire Assembly Location) |  |
| **18** | **Other Documents to refer to:** |  |
| **19** | **General**  **Information**: |  |

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| **20** | **I have read, understood and accept the conditions of this Work Method Statement** | | | | | |
| **Method Statement Briefer** | **Name**  (Print) | | **Signature** | **Position**  (Print) | **Date** |
|  | |  |  |  |
| **I have read / been briefed, understood and accept the conditions of this Work Method Statement** | | | | | | |  | **Sr.**  **No** | **Name**  (Print) | **Signature** | **Position**  (Print) |
| **21** | **Method Statement Receiver/s:** (Operatives) | 1 |  |  |  |  |
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