***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** |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **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 documentstate reference number)  | Submitted with this mail |
| **17** | **Evacuation route and information** (Fire Assembly Location) |  |
| **18** | **Other Documents to refer to:** |   |
| **19** | **General** **Information**: |  |

|  |  |
| --- | --- |
| **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 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
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| 6 |  |  |  |  |
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