

Method Statement Template



Company Name		Method Statement No.	
Project Name		Start Date	
Description of the Task		Finish Date	
		Location	
Personnel Involved	Name	Role	
	Name	Contact Number	
Work Supervisor			
Health & Safety Contact			
Personal Protective Equipment			
Head Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Eye Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Ear Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Respirator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Safety Footwear	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Gloves	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Knee Pads	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Technical Information

Working Procedures	Steps	Working Hours

Tools/Equipment	Type	Description
Other Essential Equipment		

Risks and Controls

Potential Hazards	Controls	Safety Equipment to Use