

Work Method Statement

Activity: _____	Contractor: _____
Person completing this statement: _____	Tel: () _____
Date: _____	Centre: _____

Key steps	Equipment or plant required	Possible hazards	Safety controls including personal protective equipment (PPE)	Licences, qualifications or work permits
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				