AN Other B

Site Address	Your Street, A	
Precise Location	Roof of extens	

Start Date	1 st September

BRIEF DESCRIPTION OF THE WORK

Cut roof carpentry

SEQUENCE OF OPERATIONS:

Crash deck or netting to be fitted to ceiling Materials to be raised to wall plate heigh scaffold and fixed immediately or stacked Where possible all cutting works i.e. bird power tools

Lengths of timber to be offered up to find Screw holes to be pre drilled using batte Working/cutting area to be kept clear of Trailing leads and cables to be kept tidy

EQUIPMENT AND PROCEDURES:

Plant/Tools needed	Hand and Pov		
PPE required Delete and/or add as appropriate:	Safety footwea Eye protection Gloves to prev		
	1		
Materials to be used	Wrot timber, n		
Operatives required	Carpenters		
Specific Training needed – give details	Manual handli Machine/tools Trade training		
Permits to Work needed	N/A		

Statement

n Date 2nd September

e installed

pperatives passing the timber up the

ce at ground level using hand or nails or screws.

off cuts as they are produced

edges or splinters

Delete and/or add as

appropriate:

Machinery Shutdown and Lock-Off Procedures	N/A	S	
	_		
Is Electricity needed	Yes. 240 v to l		
-			
Mobile Phone use – any Restricted Areas	No phones to	Λ	
[1		
Means of protection to other people Delete and/or add as appropriate:	No-one to wor		
Γ			
Site Access and Egress	Via main entra		
	1		
Access to Works Area	Pedestrian acc		
Means of Access to Height Delete and/or add as appropriate:	Access to sca		
Fall Prevention Measures	Crash deck to through		prevent persons or materials falling
COSHH Assessment Carried Out	N/A		
Suitable Welfare Arrangements – give details	Site office		
Traffic Management in Place	N/A		
	1		
First Aid Cover – give details	See site office		
Accident Procedures – give details	See site office		

Overhead Power Cables – are goalposts in place	N/A	C	
Noise Issues	N/A		
Dust Control	N/A		
Vibration Control	N/A		
Fire Plan in Place	See site office		
Site Contact Details including Emergency Numbers Etc	See site office		

ISSUED TO:

Name		Date
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