

METHOD STATEMENT

Task Description			Ref. No.	
Task Location		Start Time		/
		Expected Finish Time		/
Persons Involved				
Supervisor				
Nominated Person (For underground work)		Team Out	Signature	Time
				/
Tools Required				
Materials Required				
Other Equipment				

Task Specific Hazards							
Sequence of Operations							
Method of Access & Egress to the work area							
Required Personnel Protective Equipment (PPE)	Hard Hat	Safety Boots	Safety Glasses	Hearing Protection	Dust Mask	Other	
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
Emergency procedure							
Prepared by:						Date:	
Approved by:						Date:	