

Risk Assessment Method Statement (RAMS)

Contractor Name		Date(s)	
Project title: Description:		People involved:	

1. Area Assessment (Look Up, Down & Around)			
	Yes	No	N/A
Contact with live energies? (e.g. hot surface, 'live' electrics)			
Slip or trip over anything?			
Caught or crushed by anything? (e.g. moving parts)			
Be struck by anything? (e.g. traffic, suspended loads)			
Potential to strain or overexert the body?			
Other personnel in proximity? (e.g. working overhead, noise)			
Be exposed to any chemical, biological or physical agent?			
Fall from height (e.g. unprotected edge)			
Correct PPE for the task?			
Adequate knowledge of the task?			
Tools/equipment correct for the task?			
Enough personnel to do the task safely?			

[illegible]

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List of Required Equipment / Tools					

List of Chemicals					

Personal Protective Equipment (PPE) - Specify					

Mandatory Training Required

Signed:

Emergency Procedures (fire, etc).

Date:

Appendices