

Risk Assessment Method Statement (RAMS)

TEMPLATE



Introduction

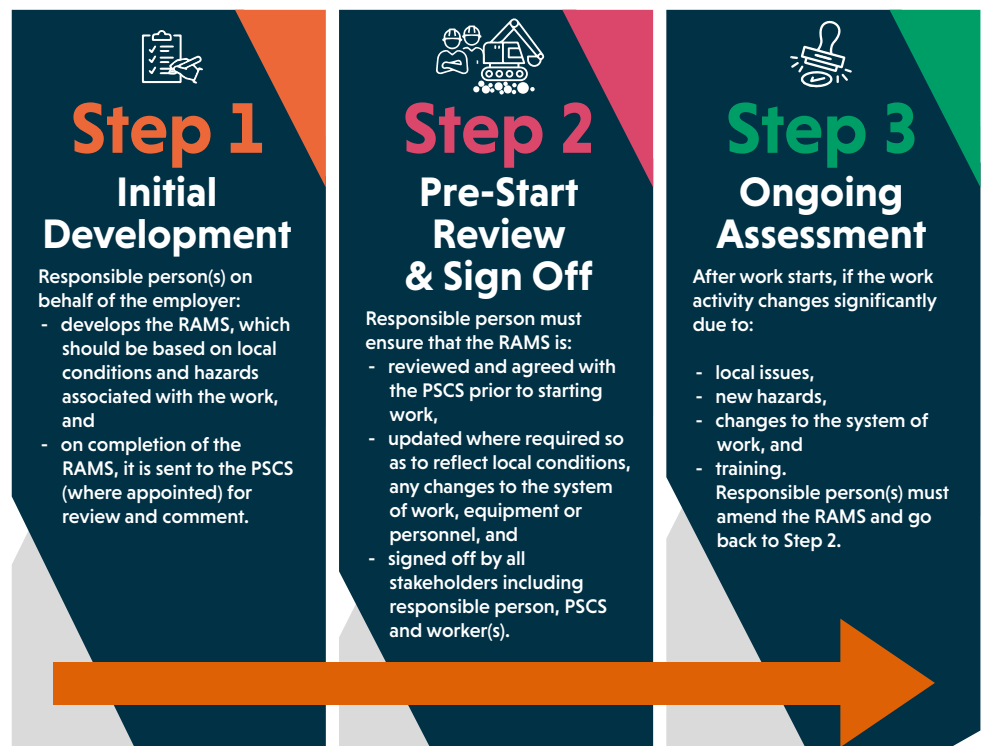


This RAMS template is broken into 3 steps and 8 sections and should be developed in line with the associated guidance summarised below.

3 Step Process



Follow the 3 Step Process to ensure the RAMS contains up to date information.



RAMS Template - 8 Sections

The RAMS template consists of 8 sections, and these should be completed as necessary.

When completing the RAMS, it is important to note that the hazards, associated risks, local conditions, system of work, resources, equipment and competencies required may change and this must be reflected and updated in the RAMS.

Section 1	Contractor Details
Section 2	Site and Work Activity Information
Section 3	Method of Work
Section 4	Training Requirements
Section 5	Personal Protective Equipment (PPE)
Section 6	Emergency Procedures and Welfare Requirements
Section 7	Risk Assessment Method Statement Sign Off
Section 8	Appendices / Additional Information

Risk Assessment Method Statement (RAMS) Template

Date:

RAMS Number:

Revision Number:

Risk Assessment Method Statement for:



Section 1

Contractor Details

Company Name:			
Company Address:			
Responsible Person:			
Phone:			
Email:			
RAMS Developed By Name:			
Phone:		Email:	



Section 2

Site and Work Activity Information

Project Title:			
Site Address / Location:			
Brief Description of Work to be Carried Out:			
Specific Work Location:			
Estimated No of Workers:			
Estimated Duration of Works (Include Start / End Dates):			
PSCS Appointments			
Has a PSCS been appointed?	Yes ☐ No ☐		
PSCS Company Name:			
PSCS Representative Name			
Phone:		Email:	

Date:

RAMS Number:

Revision Number:



Section 3

Method of Work (include safety controls measures and equipment required)

3.1 Develop a safe system of work

(Describe in steps from start to finish how the work will be done safely). Attach drawings / sketches etc. if required.

Date:

RAMS Number:

Revision Number:



Section 3 Method of Work

3.1 Develop a safe system of work *Continued*

(Describe in steps from start to finish how the work will be done safely). Attach drawings / sketches etc. if required.

Date:

RAMS Number:

Revision Number:



Section 3 Method of Work

3.2 List the Hazards and Identify Site Specific Risk Assessments

Hazard	Site Specific Risk Assessment Available (Tick if applicable and include in appendices)
	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐



Section 3 Method of Work

3.3. List Plant, Key Tools and Essential Equipment Required

List Plant, Key Tools and Essential Equipment	Insert Serial Number for Statutory Equipment*

*Statutory Certificates and Thorough / Weekly Examinations must be available locally. Tick where the information will be contained i.e. with the PSCS / in your equipment register, listed above or contained in Section 8 Appendices. This list must be checked before the work starts by the responsible person and updated / reviewed on a regular basis

PSCS

☐

Equipment Register

☐

Section 8 Appendices

☐

Date:

RAMS Number:

Revision Number:



Section 3 Method of Work

3.4 Examination and Inspection of Equipment

*Examination / inspection certificates must be available locally (e.g.) with the PSCS / in your inspection register or contained in Section 8 Appendices and tick if applicable.

Approved Form (AF3) - Thorough Examination of: (a) Excavations, Shafts, Earthworks, Underground Works or Tunnels; (b) Cofferdams or Caissons	☐
Work at Height Equipment (GA3) e.g. scaffolding, temporary edge protection systems, ladders, MEWP, handrails, netting, harnesses etc.	☐
Examination of Lifting Equipment (GA1 & GA2) e.g. MEWPS, cranes, telehandlers, lifting accessories etc.	☐
Approved Form (AF4) - Results of Inspection & Thorough Examination of Personal Flotation Devices	☐

Comments



Section 3 Method of Work

3.5 Permit(s) to Work

Permit Type	Tick if applicable and include information in appendices	Add Permit Number (If known)
Permit to Dig	☐	
Confined Spaces	☐	
Hot Works	☐	
Road Opening	☐	
Electrical / Energisation / Lock Out Tag Out	☐	
Work at Height	☐	
Other	☐	
	☐	
	☐	
	☐	



Section 3 Method of Work

3.6 Chemicals

List chemicals identified and ensure Safety Data Sheet (SDS) are available and instructions followed in safe use (e.g. PPE, storage etc.)
Safety Data Sheets must be available locally e.g. with the PSCS / in your chemical register or contained in Section 8 Appendices. This list must be updated and checked on the day before the work starts.

Chemical Name	Safety Data Sheet (tick if available)
	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐

Storage Arrangements

Date:

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Section 3 Method of Work

3.6 Chemicals *Continued*

List Hazardous Substances and Identify Risks Below. **Tick if applicable.**

								
Explosives	Flammable	Oxidising	Gas Stored Under Pressure	Corrosive	Acute Toxicity	Health Hazards	Serious Health Hazard	Hazardous to the Environment
☐	☐	☐	☐	☐	☐	☐	☐	☐



Section 3 Method of Work

3.7 Hazardous Substances

Hazardous Substances	Site Specific Risk Assessment Available (Tick if applicable and include in appendices)
Asbestos	☐
Silica Dust (e.g. Cutting concrete)	☐
Wood Dust	☐
Solvents (e.g. White spirit, acetone)	☐
Mineral Fibres (e.g. Rockwool)	☐
Fumes (e.g. Welding / Generators)	☐
Isocyanates (e.g. Painting)	☐
	☐
	☐
	☐
	☐
	☐



Section 4

Identify and Select Your Training Requirements

(Note this should be identified from your method of work as outlined in Section 3.0)

Safe Pass	☐	Tower crane	☐
Slings/ signalling	☐	Tractor/dozer	☐
Crawler crane	☐	Site dumper	☐
360° excavator	☐	Shotfiring	☐
Roof and wall cladding/sheeting	☐	Signing, lighting and guarding on roads	☐
Scaffolding	☐	Self-erect. tower crane	☐
Telescopic handler	☐	Mobile crane	☐
Articulated dumper	☐	180° excavator	☐
Mini-digger	☐	Built-up roof felting	☐
Locating under-ground services	☐	Health and safety at roadworks	☐
Mobile Tower Scaffold	☐		

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Section 4 Identify and Select Your Training Requirements

4.2 Other Training

Manual handling	☐	Work at height / MEWP	☐
Fire safety	☐	Confined space	☐
	☐		☐

Please tick to confirm that training records have been checked and are in order ☐

This information (name / card number / expiry / certificate) must be available locally (e.g. with the PSCS / in your training register or contained in Section 8 Appendices). This list must be updated and checked on the day before the work starts



Section 5

Personal Protective Equipment (PPE). Tick if applicable



Foot Protection

☐


Hearing Protection

☐


High Visibility

☐


Head Protection

☐


Eye Protection

☐


Face Protection

☐


Hand Protection

☐


Protective Clothing

☐


Respiratory Protective Equipment

☐


Safety Harness

☐

Rings, Watches, Jewellery that may become entangled must not be worn. Long and loose hair must be tied back

☐

Other PPE Required:



Section 6

Emergency Procedures and Welfare Requirements



6.1: Rescue Plan e.g. Work at Height, Confined Spaces

If required please include in appendix

Tick if Applicable: ☐

6.2: Emergency Procedures (999 / 112)

Is this information already with the PSCS and / or covered in the site induction or populated on the site notice board?

Please tick to confirm ☐

If **Yes**, continue to next section. If No, complete section below

Name of First Aid Responder:		Mobile Number:	
First Aid Box Stocked and Available:	☐	Please click to confirm	
Location of First Aid Box:			
Address of Nearest Hospital / Doctor:			
Nearest Hospital / Doctor Phone Number:			

Date:

RAMS Number:

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Section 6 Emergency Procedures and Welfare Requirements

6.2: Emergency Procedures (999 / 112) Continued

Location of Nearest Assembly Point:

Person Responsible for Reporting of Accidents and Dangerous Occurrences:

Name:

Phone:

Email:

Utility Providers
Contact Numbers:

ESB Networks: 1800 372 999

Gas Networks Ireland: 1800 20 50 50

Irish Water: 1800 278 278

Other Emergency Response Equipment Required (e.g. AED, Lifelines):



Section 6 Emergency Procedures and Welfare Requirements

6.3: Welfare Requirements Required?

Toilet	☐
Canteen	☐
Drying Room	☐
Other (Blank)	☐



Section 7

Risk Assessment Method Statement Sign Off



7.1: Person(s) Responsible for Managing and Supervising Work

I have read or had it explained to me, and understood this RAMS. The RAMS reflects local on-site conditions and I am satisfied that it is safe to start work. I will so far as is reasonably practicable ensure that the work will be carried out in accordance with the measures outlined during the works. Where any significant changes are required the work will be stopped and the RAMS will be revised and resubmitted for review by the PSCS before recommending works.

Print Name:

Print Name:

Print Name:

Signed:

Signed:

Signed:

Role:

Role:

Role:

Contact No.:

Contact No.:

Contact No.:

Email:

Email:

Email:

Date:

Date:

Date:

Date:

RAMS Number:

Revision Number:



Section 7 Risk Assessment Method Statement Sign Off

7.2: Project Supervisor Construction Stage - PSCS (where appointed)

I (Insert Name) have read and understood this RAMS, or had it explained to me. I am satisfied that it is safe (so far as is reasonably practicable) to allow the work to commence based on the information provided and that it reflects local on-site conditions including the ongoing coordination / cooperation with other contractors.

Print Name:	Print Name:	Print Name:
Signed:	Signed:	Signed:
Role:	Role:	Role:
Company:	Company:	Company:
Contact No.:	Contact No.:	Contact No.:
Email:	Email:	Email:
Date:	Date:	Date:

Date:

RAMS Number:

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Section 7 Risk Assessment Method Statement Sign Off

7.3: Risk Assessment Method Statement Workers Briefing

I have read and understood this RAMS, or had it explained to me, and I will fully comply with all safety measures. If the work activity changes significantly, I will notify the Person Responsible for Managing and Supervising Work (Insert Name) and ask for an amended RAMS. I have also been afforded the opportunity to add any feedback / comments below.

No. 1	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 2	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 3	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 4	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 5	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 6	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 7	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 8	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 9	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)
No. 10	Name	Company		Translator (Name)
	Signature	Date	Briefing Given by (Signature)	Translator (Signature)

Feedback

Date:

RAMS Number:

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Section 8

Appendices / Additional Information Required (Should be available locally for reference and viewing)

Drawings / Sketches	☐
Risk Assessments (Based on Hazards Identified)	☐
Statutory Certification / Inspection Records for Plant and Equipment	☐
Permits to Work	☐
Temporary Works	☐
Training Register (CSCS / Safe Pass) Other	☐
Chemical / Safety Data Sheets (SDS) Register	☐
Lift Plan	☐
Rescue Plan	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐

Date:

RAMS Number:

Revision Number:

Section 8 *Continued*

Appendices / Additional Information Required (Should be available locally for reference and viewing)

Additional Information: