

# 1 Safe Systems of work

## 1.1 Site Specific Works Instruction(s)

## 1.2 Risk Assessments

### 1.2.1 Risk Assessment Schedule

### 1.2.2 Site Specific risk assessments and method statements with approved cover sheets

### 1.2.3 Design Risk Assessment

(Including temporary works design risk Assessments)

### 1.2.4 Risk Map

## 1.3 Lifting plan

## 1.4 Site Rules

## 1.5 Traffic management Plan

## 1.6 Fire and Emergency Plan

### 1.6.1 Fire Risk Assessment

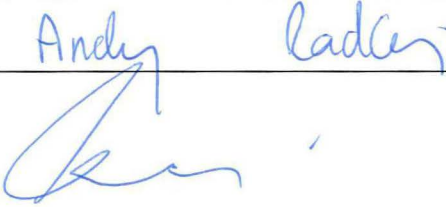
## 1.7 Other Assessments – as required e.g. Manual Handling, Noise Etc.



## Site Specific Work Instruction - SSWI (MOBs)

<b>Object Number:</b>	IMGM 170186	<b>Project Name:</b>	Grenfell Tower		
<b>Address:</b>	Grenfell Road W11 1TQ		<b>Project Type:</b>	Reactive >20m	
<b>Date SSWI produced:</b>	05/12/2016	<b>Planned project start date:</b>	06/12/2016	<b>Planned project completion date:</b>	31/01/2017
<b>Scope of Work:</b>			This Site Specific Work Instruction has been produced in conjunction with tRIIO's CDM process in support of the MOBs Construction Phase Plan:		
Replace gas network internally, welded riser system, meter relocated approx 3m outlet runs. Inground, new supply into basement (inground to have own job pack). Carpentry & electrical works required					
<b>Reviewing Agent:</b>	Andy Radley				
<b>Key Appointments</b>		<b>Name / Contact Number</b>			
MOBs Area Manager:		Harvey Smith [REDACTED]			
MOBs Officer / Project Manager:		Cerianne Talbot - [REDACTED]			
MOBs Agent / Site Manager:		Andy Radley [REDACTED]			
SLG Maintenance Arrangements					
Team Leader:					
Reinstatement Contact:		Nathan (Hitchin Reinstatement Office)			
First Aider/Appointed Person:					
SHE Advisor:		Othuke Okah - [REDACTED]			
Customer Liaison Officer:		Ian Hoskins [REDACTED]			
Authorising Engineer:		Kevin Bending [REDACTED] <span style="color: blue;">H. SMITH</span>			
Design Analyst:		Ashley Johnson			
CDM Principal Designer:		Kevin Pettit (NG)			
Temporary Works Coordinator:		Andrew Escourt [REDACTED]			
Scaffold inspection:		N/A			
Lifting Coordinator:		N/A			
<b>Management Arrangements</b>					
SLG Maintenance Arrangements					
Welfare Arrangements		Welfare unit			
Spoil Storage Arrangements					
Site Security Arrangements					



Management Arrangements (Cont)		
Material & Equipment Storage Arrangements		
First Aid Arrangements	in welfare unit.	
Traffic Management Arrangements	N/A	
Vulnerable Customers	as per pro-forma.	
Waste Management Arrangements (including hazardous waste)		
Spillage Control		
Emergency Contacts	Contact Number	
Fire Service / Ambulance:	999	
National Grid Gas Emergency:		
Electricity Emergency:		
Environment Agency:		
Morrison Incident Line		
Police, Fire, Ambulance	999/101	Nottingham police station 99 Ladbroke Road W113PL
Nearest hospital:	Charing Cross Hospital	Fulham palace road W68RF
Local Authority:	Kensington and Chelsea	Town Hall Horton Street W87NX
Freeholder / Managing Agents:		TMO Charlie Saul
<b>Declaration - The Site Specific Work Instruction has been produced in conjunction with tRiIO's CDM process in support of the MOB's Construction Phase Plan</b>		
Agents Name	Andrew Radley	
Received By	Andy Radley	
Received By Signature		

### Health & safety risk assessment schedule

Site address and contract no: ..... *Greenhill tower, W11 1TQ*  
 Schedule number: ..... *mem 170186*  
 Prepared by (name): ..... *A R A P*  
 Signature: ..... *[Signature]*  
 Date: ..... *5-12-16*

### Guidance for completion of risk assessment schedule

This form has been developed to assist Site Managers in the systematic identification of potentially hazardous activities/processes to be undertaken on their respective sites and to plan a programme of detailed risk assessments where appropriate. The completion of the schedule and its periodic review and update are important steps in satisfying our legal obligations to carry out suitable and sufficient risk assessments in accordance with the requirements of the Management of Health and Safety at Work Regulations 1999.

When completing this risk assessment schedule the Site Manager should adopt the following sequence and complete the schedule using the appropriate headings.

#### Activity/process or area.

This column should list the activities planned are to be undertaken during the next 2/3 months and with which there may be foreseeable hazards associated. The matrix on the back page gives an indication of the types of activities that need to be considered and the hazards that may be encountered.

#### Activity carried out by.

The organisation conducting the activity and therefore responsible for conducting a "suitable and sufficient" risk assessment "specific to the task", should be identified. This may be SCE or one of its contractors.

#### Specific assessment to be carried out by.

To identify the competent person or organisation responsible for carrying out the risk assessment. For an activity executed directly by tRIIO, the names of the competent risk assessors should be entered, for an activity conducted by a contractor then the contractor's nominated assessor should be entered.

#### Date assessment to be completed.

This should be used to record the date by which the detailed risk assessments must be completed. The date entered must be prior to the commencement of the activity to enable any precautionary measures identified during the detailed risk assessment to be adequately planned and implemented.

#### Duration of activity.

Risk assessments for activities that continue for longer than a month from the date of issue will be reviewed. The programmed duration for specific activities must be entered.

#### Date assessment to be reviewed

This should be used to record the review date of the assessment and the names of the nominated reviewers (for tRIIO assessments, these must be the original assessors. For contractors, this must be the contractors named assessors).

#### Revision no and date.

This should be used to record the revision number if this is required following the review process.

#### Close out date.

This should be used as a closed out date for risk assessments.

Having identified the potentially hazardous activities and listed them on the schedule it will be necessary to ensure the preparation of the relevant risk assessment. For risk assessments conducted by tRIIO personnel use the tRIIO health and safety risk assessment pro forma. Contractors must use their own, but may use the tRIIO pro forma if it is considered to be appropriate.

Upon completion the risk assessment the control measures contained on it must be briefed to the relevant workforce using the safety briefing sheet. Contractors may use their own briefing sheets. The signatures of those attending (tRIIO personnel) the safety briefing must be recorded on the tRIIO Briefing sheet, contractors briefings must record signatures of the workforce briefed.

The safety briefing sheet of both tRIIO and subcontractors should be copied and issued along with the risk assessment, to those carrying out the job and/or displayed at the workplace.

The original safety briefing sheet and risk assessment must be retained in the risk assessment file.



[illegible]

## Risk Assessment and Method Statement Cover Sheet

Risk Assessment / Method Statement title	Project name	Project Number	Contractor Ref no.
<b>Activity being Undertaken</b>			
<b>Review by Manager responsible for activity</b>			
Name	Position	Signature	Date
<b>Specialist review</b>			
(Need for specialist review to be determined by responsible manager. If a specialist review is not required put N/A in name box)			
Specialist role	Name	Signature	Date
Confined spaces coordinator			
Environment Advisor			
Health and Safety Advisor			
Lifting operations appointed person			
Temporary works coordinator/designer			
Traffic and Logistics Coordinator			
Work at Height Coordinator			
Others:-			

Risk Assessment / Method statement Approval	
Approved	
Rejected	

Authority to proceed/start work			
Name	Position	Signature	Date

Periodic review				
Review Due date	Review Date	Reviewers name	Reviewer's position:	Reviewer's signature:

## Risk Assessment and Method Statement Cover Sheet

Serial number (as marked on RA/MS)	Comments/remarks	Initials



## K&S Generic RAMS

### Method Statements

MS01	Screwed Pipe Work	<input type="checkbox"/>
MS02	Welded Pipe work	<input checked="" type="checkbox"/>
MS03	PE Riser	<input type="checkbox"/>
MS04	Servi-Forge	<input type="checkbox"/>
MS05	Service from security	<input type="checkbox"/>

### Risk Assessments

RA1	Work with hand tools	<input checked="" type="checkbox"/>
RA2	Work with vibrating equipment	<input checked="" type="checkbox"/>
RA3	Manual Arc Welding and use of hot cutting equipment	<input checked="" type="checkbox"/>
RA4	Electrical tools and equipment	<input checked="" type="checkbox"/>
RA5	Work at height (Steps, ladders, podiums and delta decks)	<input type="checkbox"/>
RA6	Work at height (Mobile access towers)	<input checked="" type="checkbox"/>
RA7	Work at height (Scaffolding)	<input type="checkbox"/>
RA8	Drilling Operations	<input checked="" type="checkbox"/>
RA9	Hazardous substances	<input checked="" type="checkbox"/>
RA10	Asbestos	<input checked="" type="checkbox"/>
RA11	Manual handling	<input type="checkbox"/>
RA12	Storage of materials and equipment	<input checked="" type="checkbox"/>
RA13	Pressure testing	<input checked="" type="checkbox"/>
RA14	Commissioning and Decommissioning Pipework	<input checked="" type="checkbox"/>
RA15	Traffic	<input type="checkbox"/>
RA16	Lone working	<input type="checkbox"/>
RA17	Sharps	<input type="checkbox"/>
RA18	Site security	<input type="checkbox"/>
RA19	Mobile elevated working platforms (MEWPS)	<input type="checkbox"/>
RA20	Working of and operating a mast climber	<input type="checkbox"/>
RA21	Confined space	<input checked="" type="checkbox"/>
RA22	Refuelling	<input checked="" type="checkbox"/>
RA23	Serviforge	<input type="checkbox"/>

- internal in Glats.

- Hard copies RAMS held within team pack on vehicle
- Tick those that are relevant to the project

