ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 1

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Access/Egress in Traffic Management** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricy | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Control Measures** |
|---|
| 1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL |
| 2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR |
| 3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING |
| 4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS |
| 5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE |

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Personnel Protective Equipment** | | | | |
|---|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** | |
| Head | Safety Helmet | | Yes | |
| Eyes | Safety Goggles | | Yes | |
| Hearing | Ear Plugs/Muffs | | | |
| Breathing | Face Mask | | | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | Yes | | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

| **Additional Preventive Control Measures** |
|---|
| 1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS |
| 2. ALL OPERATIVES MUST WEAR MANDATORY PPE |
| 3. ENSURE VEHICLE REVERSING BLEEPER IS FITTED AND WORKING |
| 4. REGULAR DRIVING ASSESSMENTS |
| 5. THE USE OF SIGNED EGRESS ONLY IS PERMITTED |

| **Additional Information** |
|---|
| SEE RAM'S NO 7, 8 AND 11 |

| **Monitoring & Review Required** |
|---|
| RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS. |
| **Work to be Safety Monitored by** - Supervisor |

| | | | |
|---|---|---|---|
| **Fire** | 1 6KG DRY POWDER | RECOVERY VEHICLES | 1 9L AFFF FOAM |
| | 2KG DRY POWDER | CARS/SUPPORT VANS | |
| **First Aid** | 1-10 PERSON FIRST AID KIT, MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE | | |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 1

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Access/Egress in Traffic Management** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

**Method Statement**

**ACCESS**

1. UPON THE APPROACH TO THE TRAFFIC MANAGEMENT, RECOVERY VEHICLES WILL REMAIN IN THE INSIDE LANE OF TRAFFIC
2. START TO SLOW YOURSELF DOWN TO A MANAGEABLE SPEED BEFORE THE ACCESS POINT
3. USE BEACONS
4. THE DRIVER OF THE RECOVERY VEHICLE MUST BE ALERT AS TO ANY UNANTICIPATED HAZARDS IN THE TRAFFIC MANAGEMENT SIGNED AREA BEFORE HE MOVES IN
5. IF THERE IS A RISK OF DANGER, ABANDON THE MANOEUVRE AND GO ROUND. CALL FOR ASSISTANCE.
6. IF IT IS SAFE TO DO SO, THEN ACCESS SHOULD BE MADE AT A REDUCING SPEED
7. BEACONS SHOULD NOT BE SWITCHED OFF UNTIL THE RECOVERY VEHICLE HAS COME TO REST

**EGRESS**

1. OPERATIVES MUST PAY FULL ATTENTION TO THEIR SURROUNDINGS
2. AMBER BEACONS MUST BE USED TO EGRESS FROM ANY WORKS AREAS
3. DRIVERS MUST BUILD UP A SUITABLE SPEED IN ANY MERGING LANE BEFORE JOINING OTHER TRAFFIC
4. ENSURE INDICATORS ARE BEING USED TO ALERT OTHER DRIVERS OF THEIR INTENTION TO MOVE LANES
5. DRIVERS MUST NOT PULL OUT SUDDENLY OR AGGRESSIVELY SO AS TO CAUSE DIFFICULTIES FOR OTHER ROAD USERS
6. ONCE THE DRIVER HAS JOINED THE RUNNING LANE, BEACONS SHOULD BE SWITCHED OFF AS THEY ARE NO LONGER REQUIRED

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 2

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Car and Van Recovery** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricy | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Control Measures** |
|---|
| 1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL |
| 2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR |
| 3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING |
| 4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS |
| 5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE |

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Personnel Protective Equipment** | | | | |
|---|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** | |
| Head | Safety Helmet | | Yes | |
| Eyes | Safety Goggles | | Yes | |
| Hearing | Ear Plugs/Muffs | | Yes | |
| Breathing | Face Mask | | Yes | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | Yes | | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

| **Additional Preventive Control Measures** |
|---|
| 1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS |
| 2. ALL OPERATIVES MUST WEAR MANDATORY PPE |
| 3. ENSURE VEHICLE REVERSING BLEEPER IS FITTED AND WORKING |
| 4. REGULAR DRVING ASSESSMENTS |
| 5. CONSIDER CALLING ASSISTANCE FROM AN IPV, HATO OR POLICE |

| **Additional Information** |
|---|
| SEE RAM'S NO 1, 7, 8, 9, 11 AND 12 |

| **Monitoring & Review Required** |
|---|
| RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS. |
| **Work to be Safety Monitored by** - Supervisor |

| | | |
|---|---|---|
| **Fire** | 1 6KG DRY POWDER RECOVERY VEHICLES 1 9L AFFF FOAM | |
| | 2KG DRY POWDER CARS/SUPPORT VANS | |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE | |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 2

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Car and Van Recovery** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

Method Statement

1 ENSURE CORRECT TYPE OF VEHICLE IS DEPLOYED
2 MAKE A VISUAL INSPECTION OF THE EQUIPMENT TO BE USED
3 ENSURE CORRECT INFORMATION IS RELAYED AS TO CASUALTY AND LOCATION
4 OBSERVE THE ACCESS/EGRESS RISK ASSESSMENT AND METHOD STATEMENT
5 ALWAYS APPROACH THE INCIDENT SCENE WITH CAUTION, DISPLAYING AMBER BEACONS ON APPROACH
6 KEEP BEACONS RUNNING DURING THE RECOVERY PROCESS
7 EACH INCIDENT REQUIRES A RECOVERY PLAN AND MUST BE IN ACCORDANCE WITH CURRENT TRAINING
8 EXIT THE RECOVERY VEHICLE ON THE SAFEST SIDE
9 UNLESS THERE IS IMMEDIATE DANGER TO LIFE, CROUCH RECOVERY NEVER REMOVES A VEHICLE OR MEMBER OF THE PUBLIC INVOLVED IN A ROAD TRAFFIC COLLISION UNTIL THE ARRIVAL OF THE EMERGENCY SERVICES
10 IF REQUIRED USE APPROVED TRAFFIC CONES TO PROTECT THE REAR OF THE VEHICLE.
11 IF THE RECOVERY IS NOT SAFE TO PROCEED, CALL FOR ASSISTANCE FROM CONTROL ROOM OR POLICE/ HIGHWAYS.
12 BRIEFLY EXPLAIN TO THE MOTORIST AND PASSENGERS THE NATURE OF YOUR ATTENDANCE
13 ESCORT THEM TO THE SAFEST SIDE PASSENGER COMPARTMENT OF THE RECOVERY VEHICLE
14 EFFECT THE NECESSARY RECOVERY BY MEANS OF
a) IN EMERGENCY USE A TOWING STRAP OR STRAIGHT BAR TO REMOVE THE CASUALTY TO A SAFE LOCATION TO THEN COMPLETE THE RECOVERY PROCESS
THE TOWING STRAP/STRAIGHT BAR SHALL BE ATTACHED TO A SUITABLE REAR TOWING POINT ON THE RECOVERY VEHICLE AND ONTO A SUITABLE TOWING POINT ON THE FRONT OF THE CASUALTY.PROCEED WITH CAUTION AND AT SUITABLE SPEED
b) WINCH CASUALTY ONTO THE SLIDE BED. PREFERRED METHOD IS TO ATTACH WINCH BROTHERS AROUND LOWER SUSPENSION ARMS BEEN CAREFUL AROUND BRAKE PIPES ETC
PARTIALLY APPLY HANDBRAKE AND WINCH ONTO SLIDEBED. APPLY THE FRONT NEARSIDE WHEEL SECURING STRAPS AND LOWER SLIDE BED BACK ONTO RECOVERY VEHICLE
THEN APPLY THE REAR NEARSIDE SECURING STRAP
c) USING A SPECTACLE FRAME. DO A FRONT/REAR LIFT OF THE CASUALTY AND SECURE INTO THE SPECTACLE FRAMES USING CORRECT SECURING METHODS.
ENSURE THE CASUALTYS HANDBRAKE IS OFF BEFORE DRIVING AWAY

15 AFFIX TRAILER BOARD TO CASUALTY IF REQUIRED
16 CHECK THE SCENE IS CLEAR OF ANY DEBRIS
17 BEGIN TO MOVE AWAY, KEEPING BEACONS RUNNING UNTIL YOU HAVE ACHIEVED THE NORMAL SPEED LIMIT APPLICABLE
18 REMOVE THE CASUALTY VEHICLE TO THE APPROVED DROP-OFF POINT AND MAKE SURE THE AREA AROUND YOU IS CLEAR
19 OFFLOAD THE CASUALTY IN THE REVERSE ORDER THAT YOU LOADED THE CASUALTY
20 RECORD ALL INFORMATION ON THE RECOVERY JOB SHEET AND OBTAIN MOTORIST SIGNATURE
21 RING THE CONTROL ROOM AND CLEAR THE JOB DOWN. SEE IF THERE IS ANYMORE JOBS, IF NOT RETURN TO THE RECOVERY BASE

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 3

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **HGV Recovery** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contractor** | **All** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricy | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Control Measures** |
|---|
| 1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL |
| 2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR |
| 3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING |
| 4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS |
| 5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE |

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Personnel Protective Equipment** | | | | |
|---|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** | |
| Head | Safety Helmet | | Yes | |
| Eyes | Safety Goggles | Yes | | |
| Hearing | Ear Plugs/Muffs | | Yes | |
| Breathing | Face Mask | | Yes | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | Yes | | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

| **Additional Preventive Control Measures** |
|---|
| 1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS |
| 2. ALL OPERATIVES MUST WEAR MANDATORY PPE |
| 3. ENSURE VEHILCE REVERSING BLEEPER IS FITTED AND WORKING |
| 4. REGULAR DRIVING ASSESSMENTS |
| 5. CONSIDER CALLING ASSISTANCE FORM AN IPV, HATO OR POLICE |
| 6. CONSIDER USING A SECOND OPERATIVE |

| | |
|---|---|
| **Fire** | 1 6KG DRY POWDER RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE |

| **Additional Information** |
|---|
| SEE RAM'S NO 1, 7, 8, 9, 11 AND 12 |

| **Monitoring & Review Required** |
|---|
| RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS. |
| **Work to be Safety Monitored by** - Supervisor |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 3

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **HGV Recovery** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

**Method Statement**

1 ENSURE CORRECT TYPE OF VEHICLE IS DEPLOYED
2 MAKE A VISUAL INSPECTION OF THE EQUIPMENT TO BE USED
3 ENSURE CORRECT INFORMATION IS RELAYED AS TO CASUALTY AND LOCATION
4 OBSERVE THE ACCESS/EGRESS RISK ASSESSMENT AND METHOD STATEMENT
5 ALWAYS APPROACH THE INCIDENT SCENE WITH CAUTION, DISPLAYING AMBER BEACONS ON APPROACH
6 KEEP BEACONS RUNNING DURING THE RECOVERY PROCESS
7 EACH INCIDENT REQUIRES A RECOVERY PLAN AND MUST BE IN ACCORDANCE WITH CURRENT TRAINING
8 EXIT THE RECOVERY VEHICLE ON THE SAFEST SIDE
9 UNLESS THERE IS IMMEDIATE DANGER TO LIFE, CROUCH RECOVERY NEVER REMOVES A VEHICLE OR MEMBER OF THE PUBLIC INVOLVED IN A ROAD TRAFFIC COLLISION UNTIL THE ARRIVAL OF THE EMERGENCY SERVICES

10 IF REQUIRED USE APPROVED TRAFFIC CONES (750mm) TO PROTECT THE REAR OF THE VEHICLE.
11 IF THE RECOVERY IS NOT SAFE TO PROCEED, CALL FOR ASSISTANCE FROM CONTROL ROOM OR POLICE/ HIGHWAYS.
12 BRIEFLY EXPLAIN TO THE MOTORIST AND PASSENGERS THE NATURE OF YOUR ATTENDANCE
13 ESCORT THEM TO THE SAFEST SIDE PASSENGER COMPARTMENT OF THE RECOVERY VEHICLE
14 EFFECT THE NECESSARY RECOVERY BY MEANS OF
a) USING A STRAIGHT BAR. PLACE THE STRAIGHT BAR ATTACHMENT ONTO THE REAR OF THE HEAVY RECOVERY UNIT. PLACE THE STRAIGHT BAR ONTO THE SUITABLE TOWING POINT ON THE CASUALTY VEHICLE AND ATTACH TO THE HEAVY RECOVERY UNIT. SUPPLY AIR IF REQUIRED AND PROCEED WITH THE RECOVERY.
b) FRONT SUSPEND - LIFT THE CASUALTY VEHICLE. CHECK AROUND VEHICLE. CARRY OUT INITIAL FIRST LIFT AND PLACE ON WHEEL STANDS. CARRY OUT SECOND LIFT USING CORRECT FORKS/WHEEL GRIDS AND SECURE WITH 7MM CHAINS. REMOVE PROP SHAFT/HALFSHAFT. REMOVE WHEEL STANDS AND LOWER UNDERLIFT TO CORRECT HEIGHT.
c) REAR SUSPEND - CHECK AROUND VEHICLE, LIFT VEHICLE AND PLACE ON WHEEL STANDS. CARRY OUT SECOND LIFT USING CORRECT FORKS/WHEEL GRIDS AND SECURE WITH 7MM CHAINS. REMOVE WHEEL STANDS AND LOWER UNDERLIFT TO CORRECT HEIGHT. PLACE WHEELS STRIAGHT AND SECURE STEERING WHEEL.

15 AFFIX AIR LINES TO ASSIST CASUALTY VEHICLES BRAKES IF NECESSARY
16 AFFIX TRAILER BOARD TO CASUALTY IF REQUIRED
17 CHECK THE SCENE IS CLEAR OF ANY DEBRIS
18 BEGIN TO MOVE AWAY, KEEPING BEACONS RUNNING UNTIL YOU HAVE ACHIEVED THE NORMAL SPEED LIMIT APPLICABLE
19 REMOVE THE CASUALTY VEHICLE TO THE APPROVED DROP-OFF POINT AND MAKE SURE THE AREA AROUND YOU IS CLEAR
20 OFFLOAD THE CASUALTY IN THE REVERSE ORDER THAT YOU LOADED THE CASUALTY
21 RECORD ALL INFORMATION ON THE RECOVERY JOB SHEET AND OBTAIN MOTORIST SIGNATURE
22 RING THE CONTROL ROOM AND CLEAR THE JOB DOWN. SEE IF THERE IS ANYMORE JOBS, IF NOT RETURN TO THE RECOVERY BASE

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 4

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Motorcycle Recovery** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricy | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Control Measures** |
|---|
| 1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL |
| 2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR |
| 3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING |
| 4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS |
| 5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE |

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Personnel Protective Equipment** | | | | |
|---|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** | |
| Head | Safety Helmet | | Yes | |
| Eyes | Safety Goggles | | Yes | |
| Hearing | Ear Plugs/Muffs | | Yes | |
| Breathing | Face Mask | | Yes | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | Yes | | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

| **Additional Preventive Control Measures** |
|---|
| 1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS |
| 2. ALL OPERATIVES MUST WEAR MANDATORY PPE |
| 3. ENSURE VEHICLE REVERSING BLEEPER IS FITTED AND WORKING |
| 4. REGULAR DRIVING ASSESSMENTS |
| 5. CONSIDER CALLING ASSISTANCE FROM AN IPV, HATO OR POLICE |
| 6. CONSIDER USING A SECOND OPERATIVE |

| **Additional Information** |
|---|
| SEE RAM'S NO 1, 7, 8, 9, 11 AND 12 |

| **Monitoring & Review Required** |
|---|
| RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS. |
| **Work to be Safety Monitored by** - Supervisor |

| | |
|---|---|
| **Fire** | 1 6KG DRY POWDER RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 4

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Motorcycle Recovery** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

**Method Statement**

1 ENSURE CORRECT TYPE OF VEHICLE IS DEPLOYED
2 MAKE A VISUAL INSPECTION OF THE EQUIPMENT TO BE USED.
3 ENSURE CORRECT INFORMATION IS RELAYED AS TO CASUALTY AND LOCATION
4 OBSERVE THE ACCESS/EGRESS RISK ASSESSMENT AND METHOD STATEMENT
5 ALWAYS APPROACH THE INCIDENT SCENE WITH CAUTION, DISPLAYING AMBER BEACONS ON APPROACH
6 KEEP BEACONS RUNNING DURING THE RECOVERY PROCESS
7 EACH INCIDENT REQUIRES A RECOVERY PLAN AND MUST BE IN ACCORDANCE WITH CURRENT TRAINING
8 EXIT THE RECOVERY VEHICLE ON THE SAFEST SIDE
9 UNLESS THERE IS IMMEDIATE DANGER TO LIFE, CROUCH RECOVERY NEVER REMOVES A VEHICLE OR MEMBER OF THE PUBLIC INVOLVED IN A ROAD TRAFFIC COLLISION UNTIL THE ARRIVAL OF THE POLICE
10 IF REQUIRED USE APPROVED TRAFFIC CONES (750mm) TO PROTECT THE REAR OF THE VEHICLE.
11 IF THE RECOVERY IS NOT SAFE TO PROCEED, CALL FOR ASSISTANCE FROM IPV / POLICE OR K2. THEN INFORM THE CONTROL ROOM OF WHATS HAPPENING.
12 BRIEFLY EXPLAIN TO THE MOTORIST AND PASSENGERS THE NATURE OF YOUR ATTENDANCE
13 ESCORT THEM TO THE SAFEST SIDE PASSENGER COMPARTMENT OF THE RECOVERY VEHICLE

14 EFFECT THE NECESSARY RECOVERY
SLIDEBED - LOWER THE RECOVERY BODY AND PLACE THE BUMPLOCK SYSTEM ON THE ROAD WITH THE EDGE UP AGAINST THE SLIDEBED. PUSH THE BIKE INTO THE BUMPLOCK SYSTEM AND SECURE. ATTACH THE WINCH CABLE AND WINCH ONTO THE BODY. FULLY SECURE THE BUMPLOCK SYSTEM AND BIKE TO THE RECOVERY BODY. SLIDE THE BODY BACK ONTO THE RECOVERY TRUCK.

15 BEGIN TO MOVE AWAY, KEEPING BEACONS RUNNING UNTIL YOU HAVE ACHIEVED THE NORMAL SPEED LIMIT APPLICABLE
16 REMOVE THE CASUALTY VEHICLE TO THE APPROVED DROP-OFF POINT AND MAKE SURE THE AREA AROUND YOU IS CLEAR
17 OFFLOAD THE CASUALTY IN THE REVERSE ORDER THAT YOU LOADED THE CASUALTY.
18 RECORD ALL INFORMATION ON THE RECOVERY JOB SHEET AND OBTAIN MOTORIST SIGNATURE
19 RING THE CONTROL ROOM AND CLEAR THE JOB DOWN. SEE IF THERE IS ANYMORE JOBS, IF NOT RETURN TO THE RECOVERY BASE

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 5

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Air Cushion Recovery** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricy | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

**Control Measures**

1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL
2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR
3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING
4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS
5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Personnel Protective Equipment** | | | | |
|---|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** | |
| Head | Safety Helmet | Yes | | |
| Eyes | Safety Goggles | Yes | | |
| Hearing | Ear Plugs/Muffs | | Yes | |
| Breathing | Face Mask | | Yes | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | Yes | | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

**Additional Preventive Control Measures**

1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS
2. ALL OPERATIVES MUST WEAR MANDATORY PPE
3. ENSURE VEHICLE REVERSING BLEEPER IS FITTED AND WORKING
4. REGULAR DRIVING ASSESSMENTS
5. CONSIDER CALLING ASSISTANCE FROM AN IPV, HATO, FIRE AND RESCUE AND POLICE
6. INCIDENT MENAGEMENT A MUST
7. SPECIFIC INCIDENT PLAN MADE AND BRIEFED TO ALL STAFF
8. THE USE OF A 2 MAN CREW PLUS INCIDENT MANAGER
9. CONSIDER LOAD TRANSHIPMENT

**Additional Information**

SEE RAM'S NO 1, 2, 3, 6, 7, 8, 9, 12 and 16

**Monitoring & Review Required**

RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS.

**Work to be Safety Monitored by** - Supervisor

| | | |
|---|---|---|
| **Fire** | 1 6KG DRY POWDER RECOVERY VEHICLES 1 9L AFFF FOAM | |
| | 2KG DRY POWDER CARS/SUPPORT VANS | |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE | |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 5

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Air Cushion Recovery** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | |

**Method Statement**

1 WHEN AN INCIDENT ARISES WERE AIR CUSHIONS ARE REQUIRED A INCIDENT MANAGER SHOULD BE PRESENT.
2 ALL RELEVANT RISK ASSESSMENT AND METHOD STATEMENTS SHOULD BE COMPLETED.
3 THERE ARE TWO TYPES OF AIR CUSHIONS: LOW PRESSURE/HIGH VOLUME AND HIGH PRESSURE/LOW VOLUME
4 LOW PRESSURE/HIGH VOLUME AIR CUSHIONS ARE USED FOR RIGHTING OVERTURNED VEHICLES.
5 HIGH PRESSURE/LOW VOLUME AIR CUSHIONS ARE SOMETIMES CALLED STARTER CUSHIONS OR AIR MATS

6 DUE TO THEIR MINIMAL OVERALL HEIGHT, THEY ARE USED FOR INITIAL JACKING OPERATIONS TO GAIN CLEARANCE FOR PLACEMENT OF THE LOW PRESSURE CUSHIONS
7 STARTER MATS ARE ALSO USED TO CREATE A GAP FOR STROP'S TO BE PLACED ROUND THE VEHICLE.
8 CARE MUST BE TAKEN THAT THEY ARE PLACED TO BARE ON SOLID STRUCTUAL PARTS OF THE CASUALTY
9 AVOID SHARP EDGES CONTACTING THE CUSHION SURFACES.
10 IN GENERAL FOUR AIR CUSHIONS WILL BE REQUIRED TO RIGHT A OVERTURNED ARTIC.
11 DO NOT ATTEMPT TO DISCONNECT THE TRACTOR UNIT - BOTH UNIT AND TRAILER SHOULD BE RIGHTED TOGETHER
12 ISOLATE AN AREA WHICH HAS A GOOD ALL ROUND VIEW OF THE INCIDENT SCENE.

13 FOR DOING A CONTROLLED ROLLOVER 2 HEAVY RECOVERY UNITS WILL BE REQUIRED AS A MINIMUM.
14 LAYOUT THE AIR CUSHIONS ALONG THE LENGTH OF THE CASUALTY VEHICLE - DO NOT PLACE ANY UNDER THE TRACTOR UNIT
15 USING STARTER MATS PLACE UNDER THE REAR OF THE TRAILER AND INFLATE.
16 AS THE STARTER MATS INFLATE, KEEP BLOCKING UP AS THE TRAILER LIFTS.
17 WHEN YOU HAVE ACHIEVED A SUFFICENT GAP, INSPECT UNDERNEATH TO ENSURE NO SHARP EDGES OR DAMAGE. INSERT THE FIRST LOW PRESSURE MAT.
18 KEEP WORKING YOUR WAY ALONG USING THE STARTER MATS AND BLOCKS TO ACHIEVE SUFFICENT HEIGHT TO PLACE ALL LOW PRESSURE BAGS.
19 WITH ALL LOW PRESSURE CUSHIONS POSITIONED UNDER THE CASUALTY, GENTLY INFLATE ENSURING PRESSURE ON ALL CUSHIONS.
20 ROPES USED FOR PULLING CUSHIONS THROUGH CAN NOW BE TIED TO THE TRAILER CHASSIS TO PREVENT THE AIR BAGS POPPING OUT.
21 PLACE STROP'S AROUND THE CASUALTY BODY AND SECURE ONE END TO THE VEHICLE CHASSIS AND THE OTHER TO THE WINCH CABLE.
22 INFLATE ALL CUSHIONS AND THE TRAILER WILL RISE TO ITS BALANCE POINT.
23 IF USING A RECOVERY VEHICLE FOR LIFTING/STEADYING ENSURE THAT THEY NEVER TAKE THE LOAD.
24 IF THE WINCH'S TAKE THE LOAD THERE IS A RISK OF THE AIR BAGS POPPING OUT.
25 IF A CONTROLLED ROLLOVER CANT BE PREFORMED IT IS ADVISABLE TO PLACE OLD TYRES OR OLD SLEEPERS WERE THE VEHICLES TYRE WILL LAND. THIS WILL ABSORB THE ENERGY AND PREVENT THE VEHICLE FROM ROLLING OVER THE OTHER WAY.

26 ON COMPLETION OF THE TASK, USE THE COMPRESSOR TO DEFLATE THE CUSHIONS AND STOW ALL EQUIPMENT AWAY.

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 6

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Mechanical Lifting and Hi-Ab Use** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricy | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Control Measures** |
|---|
| 1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL |
| 2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR |
| 3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING |
| 4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS |
| 5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE |

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Personnel Protective Equipment** | | | | |
|---|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** | |
| Head | Safety Helmet | Yes | | |
| Eyes | Safety Goggles | Yes | | |
| Hearing | Ear Plugs/Muffs | | Yes | |
| Breathing | Face Mask | | Yes | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | Yes | | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

| **Additional Preventive Control Measures** |
|---|
| 1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS |
| 2. ALL OPERATIVES MUST WEAR MANDATORY PPE |
| 3. ENSURE VEHICLE REVERSING BLEEPER IS FITTED AND WORKING |
| 4. REGULAR DRIVING ASSESSMENTS |
| 5. CONSIDER CALLING ASSISTANCE FROM IN IPV, HATO OR POLICE |
| 6. CONSIDER USING A SECOND OPERATIVE |

| **Additional Information** |
|---|
| SEE RAM'S NO 1, 7, 8, 9, 11, 12 and 16 |

| **Monitoring & Review Required** |
|---|
| RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS. |
| **Work to be Safety Monitored by** - Supervisor |

| | | |
|---|---|---|
| **Fire** | 1 6KG DRY POWDER RECOVERY VEHICLES 1 9L AFFF FOAM | |
| | 2KG DRY POWDER CARS/SUPPORT VANS | |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE | |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 6

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Mechanical Lifting and Hi-Ab Use** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

**Method Statement**

1 ENSURE THE HI-AB CRANE VEHICLE IS ONLY DEPLOYED WHEN NECESSARY
2 MAKE A VISUAL INSPECTION OF THE EQUIPMENT TO BE USED.
3 ENSURE CORRECT INFORMATION IS RELAYED AS TO CASUALTY AND LOCATION
4 OBSERVE THE ACCESS/EGRESS RISK ASSESSMENT AND METHOD STATEMENT
5 ALWAYS APPROACH THE INCIDENT SCENE WITH CAUTION, DISPLAYING AMBER BEACONS ON APPROACH
6 KEEP BEACONS RUNNING DURING THE RECOVERY PROCESS
7 EACH INCIDENT REQUIRES A RECOVERY PLAN AND MUST BE IN ACCORDANCE WITH CURRENT TRAINING
8 EXIT THE RECOVERY VEHICLE ON THE SAFEST SIDE
9 UNLESS THERE IS IMMEDIATE DANGER TO LIFE, CROUCH RECOVERY NEVER REMOVES A VEHICLE OR MEMBER OF THE PUBLIC INVOLVED IN A ROAD TRAFFIC COLLISION UNTIL THE ARRIVAL OF THE EMERGENCY SERVICES
10 IF REQUIRED USE APPROVED TRAFFIC CONES TO PROTECT THE REAR OF THE VEHICLE.
11 IF THE RECOVERY IS NOT SAFE TO PROCEED, CALL FOR ASSISTANCE.
12 IF PRESENT BRIEFLY EXPLAIN TO THE MOTORIST AND PASSENGERS THE NATURE OF YOUR ATTENDANCE
13 ESCORT THEM TO THE SAFEST SIDE PASSENGER COMPARTMENT OF THE RECOVERY VEHICLE
14 MANDATORY PPE MUST BE WORN WHEN UNDERTAKING HI-AB WORK SPECIFICALLY HARD HATS
15 CHECK SURROUNDING'S, MAKING SURE NO UNDERGROUND SERVICES OR OVERHEAD POWER LINES ARE PRESENT.
16 ENSURE ALL OUTRIGGER LEGS ARE DEPLOYED ON A FIRM AND LEVEL GROUND SURFACE
17 ALWAYS USE A BANKSMAN TO ASSIST WITH THE USE OF HI-AB CRANES
18 ALWAYS USE THE CORRECT SIZE CRANE RELEVANT TO THE SIZE OF VEHICLE/LOAD TO BE LIFTED
19 ALWAYS USE THE CORRECT SIZE CHAINS / STROPS RELEVANT TO THE SIZE / WEIGHT OF THE LOAD TO BE LIFTED. GIVE A VISUAL INSPECTION OF THE EQUIPMENT BEFORE USE.
20 USE CONTROLLED MOVEMENTS ON LEVERS WHILST PREFORMING THE TASK
21 WHERE POSSIBLE, USE LEVERS ON THE SAFEST SIDE OF THE VEHICLE
22 THIS RISK ASSESSMENT CAN ALSO BE USED FOR THE LIFTING OF EQUIPMENT SUCH AS GENERATORS BUT THE SAME CONTROL MEASURES MUST BE USED AND A LIFTING PLAN PRESENT.
23 ENSURE ANY LOAD ON THE BODY IS SECURED IN A CORRECT AND SAFE MANNER BY MEANS OF
A) IF THE LOAD IS A CASUALTY VEHICLE, USE THE CORRECT WHEEL SECURING STRAPS TO SECURE THE VEHICLE TO THE BED.
B) IF THE LOAD IS ANYTHING ELSE, USE SUITABLE CHAINS AND STRAPS TO SECURE THE LOAD TO THE BED.
24 ENSURE LANDING LEGS ARE RETURNED TO THEIR TRAVELLING POSITION
25 ENSURE ANY DEBRIS ON THE ROAD IS CLEARED AWAY BEFORE MOVING AWAY
26 WHEN MOVING AWAY, KEEP BEACONS RUNNING UNTIL YOU HAVE ACHIEVED THE NORMAL OR STATUTORY SPEED LIMIT
27 WHEN ARRIVED AT THE APPROVED DROP-OFF POINT, MAKE SURE THE AREA IS CLEAR.
28 DO THE SAME PROCEDURE TO OFFLOAD THE CASUALTY / LOAD.
29 RECORD ALL INFORMATION ON THE RECOVERY JOB SHEET AND OBTAIN MOTORIST SIGNATURE
30 RING THE CONTROL ROOM AND CLEAR THE JOB DOWN. SEE IF THERE IS ANYMORE JOBS, IF NOT RETURN TO THE RECOVERY BASE

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 7

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Routine Driving** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricy | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Control Measures** |
|---|
| 1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL |
| 2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR |
| 3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING |
| 4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS |
| 5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE |
| 6. REGULAR CHECKS OF DRIVING LICENCE AS PER COMPANY POLICY |

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Personnel Protective Equipment** | | | | |
|---|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** | |
| Head | Safety Helmet | | N/A | |
| Eyes | Safety Goggles | | N/A | |
| Hearing | Ear Plugs/Muffs | | N/A | |
| Breathing | Face Mask | | N/A | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | | N/A | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

| **Additional Preventive Control Measures** |
|---|
| 1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS |
| 2. ALL OPERATIVES MUST WEAR MANDATORY PPE |
| 3. ENSURE VEHICLE REVERSING BLEEPER IS FITTED AND WORKING |
| 4. REGULAR DRIVING ASSESSMENTS. |

| **Additional Information** |
|---|
| SEE RAM'S NO 11 |

| **Monitoring & Review Required** |
|---|
| RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS. |
| **Work to be Safety Monitored by** - Supervisor |

| | |
|---|---|
| **Fire** | 1 6KG DRY POWDER RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 8

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Hard Shoulder Driving** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricy | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Control Measures** |
|---|
| 1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL |
| 2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR |
| 3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING |
| 4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS |
| 5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE |
| 6. OPERATORS TO BE FULLY AWRE OF SMART MOTORWAY PROCEDURE AND TO HAVE READ THE SURVIVE GUIDE. |

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Personnel Protective Equipment** | | | | |
|---|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** | |
| Head | Safety Helmet | | N/A | |
| Eyes | Safety Goggles | | N/A | |
| Hearing | Ear Plugs/Muffs | | N/A | |
| Breathing | Face Mask | | N/A | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | | N/A | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

| **Additional Preventive Control Measures** |
|---|
| 1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS |
| 2. ALL OPERATIVES MUST WEAR MANDATORY PPE |
| 3. ENSURE VEHICLE REVERSING BLEEPER IS FITTED AND WORKING |
| 4. REGULAR DRIVING ASSESSMENTS. |
| 5. SEEK PERMISSION FIRST FROM RCC OR POLICE |
| 6. ONLY DRIVE ON HARD SHOULDERS IF IT CAN BE FULLY JUSTIFIED |

| **Additional Information** |
|---|
| SEE RAM'S NO 11 |

| **Monitoring & Review Required** |
|---|
| RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS. |
| **Work to be Safety Monitored by** - Supervisor |

| | |
|---|---|
| **Fire** | 1 6KG DRY POWDER RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 9

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Impact Protection Vehicle** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricy | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Control Measures** |
|---|
| 1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL |
| 2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR |
| 3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING |
| 4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS |
| 5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE |

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Personnel Protective Equipment** | | | | |
|---|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** | |
| Head | Safety Helmet | | Yes | |
| Eyes | Safety Goggles | | Yes | |
| Hearing | Ear Plugs/Muffs | | N/A | |
| Breathing | Face Mask | | N/A | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | | N/A | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

| **Additional Preventive Control Measures** |
|---|
| 1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS |
| 2. ALL OPERATIVES MUST WEAR MANDATORY PPE |
| 3. ENSURE VEHICLE REVERSING BLEEPER IS FITTED AND WORKING |
| 4. REGULAR DRIVING ASSESSMENTS. |

| **Additional Information** |
|---|
| SEE RAM'S NO 1, 4, 6, 7, 8, 9, 11 and 16 |

| **Monitoring & Review Required** |
|---|
| RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS. |
| **Work to be Safety Monitored by** - Team Leader |

| | |
|---|---|
| **Fire** | 1 6KG DRY POWDER RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 9

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Impact Protection Vehicle** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

**Method Statement**

When it is deemed that the IPV unit is required, the IPV unit and the recovery vehicle will travel down lane 1 until approximately 1 mile from the casualty vehicle where they will pull onto the hard shoulder with beacons on. At this point the IPV will deploy the lorry mounted crash cushion and erect the light arrow and then proceed to rejoin the flow of traffic approaching the works in Lane 1 with the recovery vehicle leading, they will then proceed to the reported location of the casualty vehicles moving into the correct lane for the approach with the IPV changing his light arrow to suit the lane he his travelling in. Up on approaching the casualty vehicle the IPV will slow down the traffic until stopping with the casualty vehicle 50 meters upstream, but will not carryout recoveries in single lane contra-flow without the aid of the HATO/Police services and unless the area is deem to be safe

The recovery vehicle should now begin to move away, together with the IPV in a safe manner, when a suitable speed has been reached the light arrow will be switched off (610 returned to the down position) and cushion will be raised, the remaining amber beacons can now be turned off.

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 10

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Setting Out Recovery Bases** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricy | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

**Control Measures**

1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL
2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR
3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING
4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS
5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

**Personnel Protective Equipment**

| *Protection* | **Type** | **Must** | **Consider** | |
|---|---|---|---|---|
| Head | Safety Helmet | Yes | | |
| Eyes | Safety Goggles | Yes | | |
| Hearing | Ear Plugs/Muffs | | Yes | |
| Breathing | Face Mask | | Yes | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | Yes | | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

**Additional Preventive Control Measures**

1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS
2. ALL OPERATIVES MUST WEAR MANDATORY PPE
3. ENSURE VEHICLE REVERSING BLEEPER IS FITTED AND WORKING
4. REGULAR DRIVING ASSESSMENTS.
5. PRE-SITE INSPECTION CARRIED OUT AND PLAN MADE
6. FULL SET UP BRIEFING GIVEN
7. TWO OR MORE OPERATIVES TO BE USED

**Additional Information**

SEE RAM'S No 1 and 12

**Monitoring & Review Required**

RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS.

**Work to be Safety Monitored by** - Supervisor

| | |
|---|---|
| **Fire** | 1 6KG DRY POWDER RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 10

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Setting Out Recovery Bases** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

**Method Statement**

1 SETTING OUT RECOVERY BASES WILL BE CARRIED OUT IN ACCORDANCE WITH THIS METHOD STATEMENT.
2 CROUCH RECOVERY WILL SEEK PRO-ACTIVE CO-OPERATION WITH MAIN CONTRACTORS TO ENSURE THAT RECOVERY BASE LOCATIONS AFFORD THE HIGHEST LEVEL OF SUITABILITY FOR THE WORKS TO BE CARRIED OUT FROM THEM.
3 RECOVERY BASES THAT ARE LOCATED ADJACENT TO THE CARRIAGEWAY MUST BE PROTECTED, PREFERABLY BY THE USE OF
a) TEMPORARY VERTICAL CONCRETE BARRIERS AND VARIO GUARDS.
b) TRAFFIC CONES WHICH ARE CORDED BETWEEN THEM
c) SUITABLE WARNING SIGNS FOR OTHER MOTORISTS ON THE APPROACH AND EXIT

4 SIGNAGE MUST BE DESIGNED SO AS NOT TO CONFUSE OTHER DRIVERS.
5 A SETTING OUT PLAN FOR THE RECOVERY BASE IS REQUIRED. IF NECESSARY A PRE-SITE VISIT SHOULD BE UNDERTAKEN AND PHOTOGRAPHS COLLATED.
6 EACH RECOVERY BASE WILL HAVE THE ALLOCATED NUMBER OF RECOVERY VEHICLES - TYPICALLY ONE HEAVY AND ONE LIGHT, ONE STATIC CARAVAN FOR ACCOMMADATION, ONE PORTABLE TOILET, ONE GENERATOR AND FUEL TANK AND ONE WATER BOWSER. SUPPORT VEHICLES MAY ALSO BE SITED.
7 UNLOADING OF CARAVANS AND PLANT EQUIPMENT MUST BE UNDERTAKEN BY TRAINED PERSONNEL, PAYING HIGH REGARD TO PPE AT ALL TIMES. A MINIMUM OF TWO OPERATIVES IS REQUIRED I.E. DRIVER AND BANKSMAN.
8 ANY DRIVERS OF VEHICLES BRINGING CARAVANS OR HIRED IN PLANT EQUIPMENT MUST OBSERVE SAFETY PROEDURES
9 MOVEMENTS OF LOW LOADERS OR OTHER VEHICLES MUST OBSERVE THE RISK ASSESSMENT AND METHOD STATEMENT FOR ACCESS AND EGRESS.
10 PERSONNEL SAFETY IS PARAMOUNT. CARAVANS MUST BE SITED IN THE MOST SECURE PLACE RELATIVE TO THE RECOVERY BASE THAT AFFORDS THE MAXIMUM PROTECTION POSSIBLE FROM POTENTIAL COLLISIONS WITH MOVING VEHICLES.

11 CARAVANS MUST BE LOADED TO BE IN A LEVEL POSITION AND SECURED WITH WOOD BLOCKS AND CHAINS, TIGHTENED WITH CHAIN RATCHETS.
12 REGULAR CHECKS MUST BE MADE ON THE CHAINS AND CHAINS RATCHETS AND ALL WOOD BLOCKS BOTH LOADING AND UNLOADING CARAVANS.
13 CARAVANS IN TRANSIT MUST BE FITTED WITH TWO REFLECTIVE RED TRIANGLE BOARDS ON THE REAR OF THE CARAVAN AND 2 AT THE FRONT IF OVER 12 FOOT WIDE
14 THE DRIVER OF THE LOW LOADER MUST ENSURE BEACONS ARE USED AT THE APPROPRIATE TIMES. A MAGMOUNT BEACON MUST BE FITTED TO THE REAR WHEN DRIVING AND IN OPERATION.
15 ANY ISSUES WITH THE RECOVERY BASE MUST BE NOTIFIED TO THE MAIN CONTRACTOR AS SOON AS POSSIBLE.
16 INSTALLATION OF GENERATORS AND ELECTRICAL CONNECTIONS TO CARAVANS MUST BE CARRIED OUT BY A COMPETENT PERSON.
17 A SUITABLE CONTAINER SHOULD BE LOCATED FOR STORAGE OF OILS AND FLUIDS.
18 GAS CYLINDERS MUST BE FIRMLY SECURED, PREFERABLY IN A CAGE, STOOD UPRIGHT AND ON A SOLID BASE.
19 WASTE FROM CARAVANS MUST BE MITIGATED WHEREVER POSSIBLE.
20 REFUSE BINS MUST HAVE SECURE LIDS.
21 ACCESS TO CARAVANS VIA SUITABLE STEPS MUST BE CONSIDERED.
22 SUITABLE EXTERIOR LIGHTING MUST BE CONSIDERED.
23 FIRE EXTINGUISHERS TO BE PLACED OUTSIDE THE CARAVAN AND CORRECT SIGNAGE USED.

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 11

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Lone Working** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Confined Spaces | | | |
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| **Control Measures** |
|---|
| 1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL |
| 2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR |
| 3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING |
| 4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS |
| 5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE |

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Confined Spaces | | | |
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| **Personnel Protective Equipment** | | | | |
|---|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** | |
| Head | Safety Helmet | | Yes | |
| Eyes | Safety Goggles | | Yes | |
| Hearing | Ear Plugs/Muffs | | Yes | |
| Breathing | Face Mask | | Yes | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | | Yes | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

| **Additional Preventive Control Measures** |
|---|
| 1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS |
| 2. ALL OPERATIVES MUST WEAR MANDATORY PPE |
| 3. ALL OPERATIVES TO CARRY MOBILE PHONES AT ALL TIMES |
| 4. ALL OPERATIVES TO BE ASSESSED FOR THEIR SUITABILITY FOR LONE WORKING |
| 5. EMERGENCY CONTACT NUMBERS TO BE ISSUED |
| 6. RECOVERY VEHICLE'S TO BE FITTED WITH IN-CAB CAMERA SYSTEMS |

| **Additional Information** |
|---|
| |

| **Monitoring & Review Required** |
|---|
| RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS. |
| **Work to be Safety Monitored by** - Supervisor |

| | | |
|---|---|---|
| **Fire** | 1 6KG DRY POWDER | RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER | CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE | |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 12

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Manual Handling** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Adverse Weather | | | |
| Confined Spaces | | | |
| Personal Injury | | | |
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**Control Measures**

1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL
2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR
3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING
4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS
5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Adverse Weather | | | |
| Confined Spaces | | | |
| Personal Injury | | | |
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**Personnel Protective Equipment**

| *Protection* | **Type** | **Must** | **Consider** | |
|---|---|---|---|---|
| Head | Safety Helmet | | Yes | |
| Eyes | Safety Goggles | | Yes | |
| Hearing | Ear Plugs/Muffs | N/A | | |
| Breathing | Face Mask | N/A | | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | | Yes | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

**Additional Preventive Control Measures**

1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS
2. ALL OPERATIVES MUST WEAR MANDATORY PPE
3. ENSURE THAT COMPANY MANUAL HANDLING POLICY HAS BEEN READ AND UNDERSTOOD
4. CONSIDER THE USE OF MECHANICAL LIFTS AND OTHER LIFING AIDS
5. CONSIDER USING MULTIPLE PERSONNEL

**Additional Information**

SEE COMPANY POLICY ON MANUAL LIFTING

**Monitoring & Review Required**

RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS.

**Work to be Safety Monitored by** - MANAGEMENT

| | | |
|---|---|---|
| **Fire** | 1 6KG DRY POWDER | RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER | CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE | |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 13

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Electric/Petrol Hybrid Cars** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Electrocution | | | |
| Explosion | | | |
| Burning | | | |
| Ingestion and Absorption | | | |
| Manual Handling | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Vehicle Batteries | | | |
| Confined Spaces | | | |
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**Control Measures**

1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL

2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR

3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING

4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS

5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Electroction | | | |
| Explosion | | | |
| Burning | | | |
| Ingestion and Absorption | | | |
| Manual Handling | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Vehicle Batteries | | | |
| Confined Spaces | | | |
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| **Personnel Protective Equipment** | | | | |
|---|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** | |
| Head | Safety Helmet | | Yes | |
| Eyes | Safety Goggles | Yes | | |
| Hearing | Ear Plugs/Muffs | | Yes | |
| Breathing | Face Mask | N/A | | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | | Yes | |
| Hands | Gloves | Yes | | |
| Feet | Safety Boots | Yes | | |

**Additional Preventive Control Measures**

1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS
2. ALL OPERATIVES MUST WEAR MANDATORY PPE

3. OPERATORS TRAINED IN EV/HYBRID AWARENESS.
4. CONSIDER ASSISTANCE FROM FIRE SERVICE.

**Additional Information**

**Monitoring & Review Required**

RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS.

**Work to be Safety Monitored by** - TEAM LEADERS

| | |
|---|---|
| **Fire** | 1 6KG DRY POWDER RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 14

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Leaking LPG Systems in Passenger Vehicles** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Fire | | | |
| Explosion | | | |
| Burning | | | |
| Inhalation of Fumes | | | |
| Manual Handling | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Vehicle Batteries | | | |
| Confined Spaces | | | |
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**Control Measures**

1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL

2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR

3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING

4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS

5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Fire | | | |
| Explosion | | | |
| Burning | | | |
| Inhalation of Fumes | | | |
| Manual Handling | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Vehicle Batteries | | | |
| Confined Spaces | | | |
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| **Personnel Protective Equipment** | | | | |
|---|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** | |
| Head | Safety Helmet | Yes | | |
| Eyes | Safety Goggles | Yes | | |
| Hearing | Ear Plugs/Muffs | | Yes | |
| Breathing | Face Mask | | Yes | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | Yes | | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

**Additional Preventive Control Measures**

1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS
2. ALL OPERATIVES MUST WEAR MANDATORY PPE

**Additional Information**

SEE RAM NO. 12

**Monitoring & Review Required**

RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS.

**Work to be Safety Monitored by** - TEAM LEADERS

| | |
|---|---|
| **Fire** | 1 6KG DRY POWDER RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 15

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Zenon, Xenon and High Intensity Discharge Lights** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

1

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Electrocution | | | |
| Explosion | | | |
| Burning | | | |
| Ingestion and Absorption | | | |
| Manual Handling | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Vehicle Batteries | | | |
| Confined Spaces | | | |
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**Control Measures**

1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL

2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR

3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING

4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS

5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Electrocution | | | |
| Explosion | | | |
| Burning | | | |
| Ingestion and Absorption | | | |
| Manual Handling | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Vehicle Batteries | | | |
| Confined Spaces | | | |
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| **Personnel Protective Equipment** | | | | |
|---|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** | |
| Head | Safety Helmet | N/A | | |
| Eyes | Safety Goggles | | Yes | |
| Hearing | Ear Plugs/Muffs | N/A | | |
| Breathing | Face Mask | N/A | | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | | Yes | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

**Additional Preventive Control Measures**

1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS
2. ALL OPERATIVES MUST WEAR MANDATORY PPE

**Additional Information**

SEE RAM NO. 12

**Monitoring & Review Required**

RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS.

**Work to be Safety Monitored by** - TEAM LEADERS

| | |
|---|---|
| **Fire** | 1 6KG DRY POWDER RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 16

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Low-Loader** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Control Measures** |
|---|
| 1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL |
| 2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR |
| 3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING |
| 4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS |
| 5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE |

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Personnel Protective Equipment** | | | | |
|---|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** | |
| Head | Safety Helmet | | Yes | |
| Eyes | Safety Goggles | | Yes | |
| Hearing | Ear Plugs/Muffs | | Yes | |
| Breathing | Face Mask | | Yes | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | Yes | | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

| **Additional Preventive Control Measures** |
|---|
| 1. ENSURE CORRECT USE OF BEACONS AND WORLAMPS |
| 2. ALL OPERATIVES MUST WEAR MANDATORY PPE |
| 3. ENSURE VEHICLE REVERSING BLEEPER IS FITTED AND WORKING |
| 4. REGULAR DRIVING ASSESSMENTS |
| 5. CONSIDER CALLING ASSISTANCE FROM AN IPV, HATO OR POLICE |

| **Additional Information** |
|---|
| SEE RAM'S NO 1, 2, 3, 5, 6, 7, 8, 9, 11 AND 12 |

| **Monitoring & Review Required** |
|---|
| RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS. |
| **Work to be Safety Monitored by** - TEAM LEADERS |

| | | |
|---|---|---|
| **Fire** | 1 6KG DRY POWDER | RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER | CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE | |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 16

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Low-Loader** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

**Method Statement**

1 ENSURE CORRECT TYPE OF VEHICLE IS DEPLOYED
2 MAKE A VISUAL INSPECTION OF THE EQUIPMENT TO BE USED
3 ENSURE CORRECT INFORMATION IS RELAYED AS TO CASUALTY AND LOCATION
4 OBSERVE THE ACCESS/EGRESS RISK ASSESSMENT AND METHOD STATEMENT
5 ALWAYS APPROACH THE INCIDENT SCENE WITH CAUTION, DISPLAYING AMBER BEACONS ON APPROACH
6 KEEP BEACONS RUNNING DURING THE RECOVERY/LOADING PROCESS
7 EACH INCIDENT REQUIRES A RECOVERY/LOADING PLAN AND MUST BE IN ACCORDANCE WITH CURRENT TRAINING
8 EXIT THE RECOVERY VEHICLE ON THE SAFEST SIDE

9 UNLESS THERE IS IMMEDIATE DANGER TO LIFE, CROUCH RECOVERY NEVER REMOVES A VEHICLE OR MEMBER OF THE PUBLIC INVOLVED IN A ROAD TRAFFIC COLLISION UNTIL THE ARRIVAL OF THE EMERGENCY SERVICES
10 IF REQUIRED USE APPROVED TRAFFIC CONES TO PROTECT THE REAR OF THE VEHICLE

11 IF THE RECOVERY/LOADING PROCESS IS NOT SAFE TO PROCEED, CALL FOR ASSISTANCE.
12 BRIEFLY EXPLAIN TO THE MOTORIST AND PASSENGERS THE NATURE OF YOUR ATTENDANCE
13 ESCORT THEM TO THE SAFEST SIDE PASSENGER COMPARTMENT OF THE RECOVERY VEHICLE
A: LANDOLL LOWLOADER - START BY TILTING THE BED UNTIL IT IS LEVEL WITH THE TOP DECK. THEN SLIDE THE AXLES TO THE FRONT OF THE TRAILER UNTIL IT HITS THE LOCKS. THEN CONNECT THE WINCH CABLE TO A SUITABLE POINT ONTO THE CASUALTY/LOAD AND WINCH ONTO THE TRAILER. SECURE THE CASUALTY USING THE APPROPRIATE CHAINS/STRAPS. ONCE SECURE, SLIDE THE AXLES TO THE BACK OF THE TRAILER AND LOWER THE BODY DOWN INTO ITS LOCKS.
B: NOTEBOOM TRAILER - START BY RELEASING THE SECURING STRAPS ON THE FOLD DOWN RAMPS. CHECK THE AREA IS CLEAR AND LOWER THE RAMPS TO THE FLOOR. THEN CONNECT THE WINCH CABLE TO A SUITABLE POINT ONTO THE CASUALTY/LOAD AND WINCH ONTO THE TRAILER. SECURE THE CASUALTY USING THE APPROPRIATE CHAINS/STRAPS. ONCE SECURE, LIFT THE RAMPS AND SECURE IN PLACE WITH SECURING STRAPS.

15 IF THE LOAD IS FOR TRANSPORTATION PURPOSE'S, THE LOAD WILL NEED TO BE LIFTED ON. (SEE RAM 6) ONCE LOADED, IT SHALL BE SECURED IN THE CORRECT MANNER.
16 CHECK THE SCENE IS CLEAR OF ANY DEBRIS
17 BEGIN TO MOVE AWAY, KEEPING BEACONS RUNNING UNTIL YOU HAVE ACHIEVED THE NORMAL SPEED LIMIT APPLICABLE
18 REMOVE THE CASUALTY VEHICLE/LOAD TO THE APPROVED DROP-OFF POINT AND MAKE SURE THE AREA AROUND YOU IS CLEAR
19 OFFLOAD THE CASUALTY VEHICLE/LOAD IN THE REVERSE ORDER THAT YOU LOADED THE CASUALTY
20 RECORD ALL INFORMATION ON THE JOB SHEET AND OBTAIN CUSTOMER SIGNATURE
21 RING THE CONTROL ROOM AND CLEAR THE JOB DOWN. SEE IF THERE IS ANYMORE JOBS, IF NOT RETURN TO BASE

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 17

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Service Van** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electicity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

**Control Measures**

1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL

2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR

3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING

4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS

5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Personnel Protective Equipment** | | | | |
|---|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** | |
| Head | Safety Helmet | | Yes | |
| Eyes | Safety Goggles | | Yes | |
| Hearing | Ear Plugs/Muffs | | Yes | |
| Breathing | Face Mask | | Yes | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | Yes | | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

**Additional Preventive Control Measures**

1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS
2. ALL OPERATIVES MUST WEAR MANDATORY PPE

3. ENSURE VEHICLE REVERSING BLEEPER IS FITTED AND WORKING
4. REGULAR DRIVING ASSESSMENTS
5. CONSIDER CALLING ASSISTANCE FROM AN IPV, HATO OR POLICE

**Additional Information**

SEE RAM'S 1, 7, 8, 11, 12, 13, 14, AND 15

**Monitoring & Review Required**

RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS.

**Work to be Safety Monitored by** - TEAM LEADERS

| | |
|---|---|
| **Fire** | 1 6KG DRY POWDER RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 17

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Service Van** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **1** |

**Method Statement**

1 ENSURE CORRECT TYPE OF VEHICLE IS DEPLOYED
2 MAKE A VISUAL INSPECTION OF THE EQUIPMENT TO BE USED
3 ENSURE CORRECT INFORMATION IS RELAYED AS TO CASUALTY AND LOCATION
4 OBSERVE THE ACCESS/EGRESS RISK ASSESSMENT AND METHOD STATEMENT
5 ALWAYS APPROACH THE INCIDENT SCENE WITH CAUTION, DISPLAYING AMBER BEACONS ON APPROACH
6 KEEP BEACONS RUNNING DURING THE RECOVERY PROCESS
7 EACH INCIDENT REQUIRES A PLAN AND MUST BE IN ACCORDANCE WITH CURRENT TRAINING
8 ON ARRIVAL LIAISE WITH RELEVANT STAFF AND CARRY OUT SITE INDUCTION WHERE REQUIRED.
9 IF THE RECOVERY IS NOT SAFE TO PROCEED, CALL FOR ASSISTANCE.
10 WHEN POSITIONING YOUR VEHICLE, ENSURE IT IS POSITIONED TO AVOID OBSTRUCTION OR IF ON ROADSIDE PARKED AS PER CURRENT TRAINING ADVISE.
11 EXIT THE RECOVERY VEHICLE ON THE SAFEST SIDE
12 BRIEFLY EXPLAIN TO THE DRIVER AND PASSENGERS THE NATURE OF YOUR ATTENDANCE
15 WITHIN 60 MINS A DIAGNOSIS SHOULD BE MADE AND THE CONTROL ROOM BE INFORMED
16 IF A REPAIR IS TO BE MADE AND IS SAFE TO DO CARRY ON
17 IF A REPAIR CANNOT BE MADE AT THE ROADSIDE THEN RECOVERY SHOULD BE ARRANGED
18 EITHER EFFECT A RECOVERY OR WAIT FOR A RECOVERY VEHICLE TO ARRIVE WHILE PROTECTING THE CASUALTY VEHICLE
19 RECORD ALL INFORMATION ON THE RECOVERY JOB SHEET AND OBTAIN MOTORIST SIGNATURE
20 MAKE SURE THE AREA IS CLEAR BEFORE COLLECTING YOUR CONES
21 RING THE CONTROL ROOM AND CLEAR THE JOB DOWN. SEE IF THERE IS ANYMORE JOBS, IF NOT RETURN TO THE RECOVERY BASE
22 BUILD UPTO A SUITABLE SPEED BEFORE RE JOINING THE CARRIAGE WAY IN A SAFE MANNER

ANDERSON COMMERCIALS LTD

**Risk Assessment/Method Statement No 18**

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Repairing/Recovering Vehicles with Air Suspension** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **ALL** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electicity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

**Control Measures**

1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE

CARRIED OUT BY TRAINED PERSONEL

2.ALL OPERATIVES TO HAVE COMPLETED RELEVANT

TRAINING COURSES APPROVED BY AN INDEPENDENT ASSESSOR.

3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING.

4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK ASSESSMENT AND METHOD STATEMENTS.

5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Personnel Protective Equipment** | | | |
|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** |
| Head | Safety Helmet | Yes | |
| Eyes | Safety Goggles | Yes | |
| Hearing | Ear Plugs/Muffs | | Yes |
| Breathing | Face Mask | | Yes |
| High Visibility | Florescent Jacket | Yes | |
| | Florescent Trousers | Yes | |
| Hands | Gloves | Yes | |
| Feet | Steel Toe Cap Boot | Yes | |

**Additional Preventive of Control Measures**

1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS
2. ALL OPERATIVES MUST WEAR MANDATORY PPE

3. ENSURE ANY VEHICLE'S THAT ARE BEING WORKED ON ARE SUPPORTED USING STANDS OR SUITABLE

WOODEN BLOCKS

4. ENSURE SUSPENSION SYSTEMS ARE DEFLATED WHILST WORKING ON OR BY THE AIRBAGS.

**Additional Information**

ALL OPERATORS TO HAVE RECEIVED AND SIGNED THE LATEST SAFETY BULLETIN REGARDING AIR SUSPENSION.

**Monitoring & Review Required**

RISK ASSESSMENT TO BE REVIEWED ANUALLY BY MANAGEMENT AND TEAM LEADERS.

**Work to be Safety Monitored by** - TEAM LEADERS

| | |
|---|---|
| **Fire** | 1 6KG DRY POWDER RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

**Risk Assessment/Method Statement No 18**

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Repairing / Recovering vehicles with Air Suspension** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **Mobile** | **Contract** | **ALL** | **Issue** | **1** |

**Method Statement**

1 WHEN REPAIRING OR RECOVERYING VEHICLES WITH AIR SUSPENSION, TECHNICIANS MUST TAKE CARE TO ENSURE THAT THE VEHICLE CANNOT SUDDENLY AND UNEXPECTEDLY FALL AND TRAP THEM. THE RISK OF THIS IS SIGNIFICANTLY REDUCED IF 2 BASIC PRINCIPLES ARE ADOPTED: (A) NEVER CRAWL BENEATH A VEHICLE WITH AIR SUSPENSION UNLESS IT IS PROPERLY SUPPORTED. (B) NEVER TAMPER WITH THE RIDE HEIGHT FOR THE

PURPOSE OF RECOVERY OR REPAIR.

IT SHOULD BE POSSIBLE TO FOLLOW THESE PRINCIPLES IF THE TASK IS ADEQUATELY PLANNED AND SUFFICIENT TIME IS ALLOWED. TECHNICIANS SHOULD NOT FEEL THAT THE POLICE, OTHER OFFICIALS OR THE CONTROL 2 ROOM ARE RUSHING THEM. SUFFICIENT PLANNING MEANS:

(A) THE RISKS ASSOCIATED WITH EACH TASK ARE ADEQUATELY ASSESSED.

(B) EACH TASK IS EXPLAINED SO THAT IT IS FULLY UNDERSTOOD BY THE TECHNICIAN. THEIR ROLES AND RESPONSIBILITIES MUST BE CLEARLY UNDERSTOOD AS WELL AS THOSE OF THEIR COLLEAGUES.

(C) ALL TECHNICIANS HAVE SPECIFIC KNOWLEDGE OF THE CASUALTY VEHICLE AND THE NECESSARY EQUIPMENT TO UNDERTAKE THE JOB SAFELY.

ANDERSON COMMERCIALS LTD

# RISK ASSESSMENT/METHOD STATEMENT NO.19

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Working at Height** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **ALL** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Falls From Height | | | |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electicity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Personnel Protective Equipment** | | | |
|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** |
| Head | Safety Helmet | Yes | |
| Eyes | Safety Goggles | Yes | |
| Hearing | Ear Plugs/Muffs | | Yes |
| Breathing | Face Mask | | Yes |
| High Visibility | Florescent Jacket | Yes | |
| | Florescent Trousers | Yes | |
| Hands | Gloves | Yes | |
| Feet | Steel Toe Capped Boots | Yes | |

**Control Measures**

1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL
2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR
3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING
4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS
5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE
6. IF THERE IS AN ALTERNATIVE WAY OF CARRYING OUT THE TASK BY NOT WORKING AT HEIGHT, THEN THIS MUST BE CONSIDERED.

**Additional Preventive of Control Measures**

1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS
2. ALL OPERATIVES MUST WEAR MANDATORY PPE
3. ENSURE ANY WORK ACTIVITY THAT INVOLVES WORKING AT HEIGHT AFFORDS ADEQUATE PROTECTION.

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Falls From Height | | | |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

**Additional Information**

With control measures in place to keep the risk as low as reasonably practicable, there are still some residual risks assciated with this hazard. If the task can be completed by other means, then this must be considered.

**Monitoring & Review Required**

RISK ASSESSMENT TO BE REVIEWED ANUALLY BY MANAGEMENT AND TEAM LEADERS.

**Work to be Safety Monitored by** - TEAM LEADERS

| | |
|---|---|
| **Fire** | 1 6KG DRY POWDER RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

**Method Statement No 19**

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Working At Height** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **Mobile** | **Contract** | **ALL** | **Issue** | **1** |

**Method Statement**

Working at Height means working in any place where, if there were no precautions in place, a person could fall a distance liable to cause personal injury. For example you are working at Height if you:

Are working on a Ladder or Flat Roof:
Could fall through a fragile surface:
Could fall through an opening or a Hole in the ground.

Each task must be assessed individually and if the task can be completed without the need to work at Height then this must be considered.
Should there be a requirement to work at Height then all necessary safety precautions must be considered and appropriate PPE used.
Where Work at Height cannot be avoided, prevent falls using either an existing place of work that is already safe or the right type of equipment.
Minimise the distance and consequences of a fall, by using the right type of equipment where the risk cannot be eliminated.

You should: do as much work as possible from the ground.

Ensure workers can get safely to and from where they work at Height

Ensure equipment is suitable, stable and strong enough for the job, maintained and checked regularly.

Make sure you don't overload or overreach when working at Height.

Take precautions when working on or near fragile surfaces.

Provide protection from falling objects.

Consider your emergency evacuation and rescue procedures.

ANDERSON COMMERCIALS LTD

# RISK ASSESSMENT/METHOD STATEMENT NO.20

| | | | | | |
|---|---|---|---|---|---|
| **Work Activi** | **PUBLIC ACCESS TO WORKSHOPS** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **ALL** | **Issue** | |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Falls From Height | | | |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electicity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |
| Fumes | | | |

| **Personnel Protective Equipment** | | | |
|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** |
| Head | Safety Helmet | Yes | |
| Eyes | Safety Goggles | Yes | |
| Hearing | Ear Plugs/Muffs | | Yes |
| Breathing | Face Mask | | Yes |
| High Visibilit | Florescent Jacket | Yes | |
| | Florescent Trousers | Yes | |
| Hands | Gloves | Yes | |
| Feet | Steel Toe Capped Boots | Yes | |

**Control Measures**

1.ONLY AUTHORISED PERSONS TO HAVE ACCESS TO WORKSHOPS.

2.HIGH VISIBILITY CLOTHING TO BE WORN.

3.PEDESTRIAN WALKWAYS TO BE USED APPROPRIATELY.

4. THE RUNNING OF ENGINES INSIDE WORKSHOPS TO BE KEPT TO A MINIMUM.

5. ADEQUATE CLEAR SINAGE DISPLAYED

6.COSHH ASSESSMENTS IN PLACE FOR HAZARDOUS SUBSTANCES.

**Additional Preventive of Control Measures**

1. VISITORS TO COMPANY SITES ARE TO BE ACCOMPANIED AND NOT LEFT UNSUPERVISED WHILST WITHIN WORKSHOP OR YARD.

2. GOOD HOUSEKEEPING TO ENSURE TOOLS AND EQUIPMENT STOWED AWAY TO PREVENT TRIP HAZARDS.

3. FIRE EXITS CLEARLY DISPLAYED AND KEPT CLEAR.

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Falls From Height | | | |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |
| Fumes | | | |

**Additional Information**

**Monitoring & Review Required**

RISK ASSESSMENT TO BE REVIEWED ANUALLY BY MANAGEMENT AND TEAM LEADERS.

**Work to be Safety Monitored by** - TEAM LEADERS

| | | |
|---|---|---|
| **Fire** | 1 6KG DRY POWDER | RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER | CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE | |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# RISK ASSESSMENT/METHOD STATEMENT NO.21

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **SOCO BAYS** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **ALL** | **Issue** | **1** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Falls From Height | | | |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electicity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |
| Fumes | | | |

| **Personnel Protective Equipment** | | | |
|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** |
| Head | Safety Helmet | | Yes |
| Eyes | Safety Goggles | | Yes |
| Hearing | Ear Plugs/Muffs | | Yes |
| Breathing | Face Mask | | Yes |
| High Visibility | Florescent Jacket | Yes | |
| | Florescent Trousers | Yes | |
| Hands | Gloves | Yes | |
| Feet | Safety Boots | Yes | |

**Control Methods**

1.ONLY AUTHORISED PERSONS TO HAVE ACCESS TO SOCO AREA.

2. SOCO AREA LOCKED AT ALL TIMES AND ONLY AUTHORSIED PERSONNEL TO HAVE ACCESS TO KEY.

3. APPROPRIATE GLOVES AND SAFETY EQUIPMENT TO BE WORN AT ALL TIMES IN SOCO AREA

4. SIGNAGE PROHBITING UNAUTHORISED ENTRY

5. THE RUNNING OF ENGINES INSIDE SOCO BAY TO BE KEPT TO A MINIMUM & AVOIDED WHEREVER POSSIBLE

6. CLEANING PERSONNEL TRAINED NOT TO ENTER AREA

7.COSHH ASSESSMENTS IN PLACE FOR HAZARDOUS SUBSTANCES.

**Additional Preventive of Control Measures**

1. VISITORS TO COMPANY SITES ARE TO BE ACCOMPANIED AND NOT LEFT UNSUPERVISED WHILST WITHIN WORKSHOP OR YARD TO AVOID ANY ATTEMPTED ACCESS TO SOCO BAY.

2. GOOD HOUSEKEEPING TO ENSURE TOOLS AND EQUIPMENT STOWED AWAY TO PREVENT TRIP HAZARDS.

3. FIRE EXITS CLEARLY DISPLAYED AND KEPT CLEAR.

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Falls From Height | | | |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |
| Fumes | | | |

**Additional Information**

**Monitoring & Review Required**

RISK ASSESSMENT TO BE REVIEWED ANUALLY BY MANAGEMENT AND TEAM LEADERS.

**Work to be Safety Monitored by** - TEAM LEADERS

| | | |
|---|---|---|
| **Fire** | 1 6KG DRY POWDER | RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER | CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE | |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 22

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Winching** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **2** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricy | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Control Methods** |
|---|
| 1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL |
| 2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR |
| 3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING |
| 4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS |
| 5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE |

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Personnel Protective Equipment** | | | | |
|---|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** | |
| Head | Safety Helmet | Yes | | |
| Eyes | Safety Goggles | Yes | | |
| Hearing | Ear Plugs/Muffs | | Yes | |
| Breathing | Face Mask | | Yes | |
| High Visibility | Florescent Jacket | Yes | | |
| | Florescent Trousers | Yes | | |
| Hands | Gloves | Yes | | |
| Feet | Steel Toe-Capped Safety Boots | Yes | | |

| **Additional Preventive Control Measures** |
|---|
| 1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS |
| 2. ALL OPERATIVES MUST WEAR MANDATORY PPE |
| 3. ENSURE VEHICLE REVERSING BLEEPER IS FITTED AND WORKING |
| 4. REGULAR DRIVING ASSESSMENTS |
| 5. CONSIDER CALLING ASSISTANCE FROM IN IPV, HATO OR POLICE |
| 6. CONSIDER USING A SECOND OPERATIVE |

| **Additional Information** |
|---|
| SEE RAM'S NO 1, 6, 7, 8, 9, 11, 12 and 16 |

| **Monitoring & Review Required** |
|---|
| RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS. |
| **Work to be Safety Monitored by** - Supervisor |

| | |
|---|---|
| **Fire** | 1 6KG DRY POWDER RECOVERY VEHICLES 1 9L AFFF FOAM |
| | 2KG DRY POWDER CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 22

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Winching** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **2** |

**Method Statement**

1 MAKE A VISUAL INSPECTION OF THE EQUIPMENT TO BE USED
2 ENSURE OPERATORS ARE QUALIFIED AND COMPETENT IN THE USE OF WINCHES THROUGH FORMAL TRAINING PORVIDED OR UNDER THE SUPERVISION OF A COMPETENT USER
3 ENSURE CORRECT INFORMATION IS RELAYED AS TO CASUALTY AND LOCATION
4 OBSERVE THE ACCESS/EGRESS RISK ASSESSMENT AND METHOD STATEMENT
5 ALWAYS APPROACH THE INCIDENT SCENE WITH CAUTION, DISPLAYING AMBER BEACONS ON APPROACH
6 TALK THROUGH THE TASK - IS A WINCH REQUIRED OR CAN THE OBJECTIVE BE ACHIEVED IN A SAFER WAY?
7 KEEP BEACONS RUNNING DURING THE WINCHING PROCESS
8 EXIT THE RECOVERY VEHICLE ON THE SAFEST SIDE
9 UNLESS THERE IS IMMEDIATE DANGER TO LIFE, CROUCH RECOVERY NEVER REMOVES A VEHICLE OR MEMBER OF THE PUBLIC INVOLVED IN A ROAD TRAFFIC COLLISION UNTIL THE ARRIVAL OF THE EMERGENCY SERVICES
10 IF REQUIRED USE APPROVED TRAFFIC CONES TO PROTECT THE REAR OF THE VEHICLE.
11 IF THE RECOVERY IS NOT SAFE TO PROCEED, CALL FOR ASSISTANCE.
12 IF PRESENT BRIEFLY EXPLAIN TO THE MOTORIST AND PASSENGERS THE NATURE OF YOUR ATTENDANCE
13 ESCORT THEM TO THE SAFEST SIDE PASSENGER COMPARTMENT OF THE RECOVERY VEHICLE
14 MANDATORY PPE MUST BE WORN WHEN UNDERTAKING HI-AB WORK SPECIFICALLY HARD HATS
15 CHECK SURROUNDING'S, MAKING SURE NO UNDERGROUND SERVICES OR OVERHEAD POWER LINES ARE PRESENT.
16 EACH INCIDENT REQUIRES A RECOVERY PLAN AND MUST BE IN ACCORDANCE WITH CURRENT TRAINING
17 SET OUT THE SAFE ZONE AT THE BEGINNING AND ERECT ANY NECESSARY WARNING SIGNS O RBARRIERS
18 ENSURE THERE IS AN ADEQUATE LEVEL OF FIRST AID COMPETANCY AND FIRST AID KIT ON SITE
19 ENSURE ALL OPERATORS KNOW THEIR ROLE, THE DANGER AND WHAT TO DO IN EMERGENCY. IDENTIFY WHERE THE WINCHING OBJECT MAY END UP AND PLAN OPERATOR ESCAPE ROUTE
20 RIG UP THE WINCH AS PER MANUFACTURERS INSTRUCTION AND TRAINING USING STROPS AND WEAR ALL RELEVANT PPE - GLOVES, HELMET AND EYE PROTECTION. CONSIDER USE OF STABLISING LINES.
21 ENSURE ALL BUT THE OPERATOR ARE OUTSIDE THE SAFE ZONE DURING WINCHING - ONLY OPERATOR TO USE WINCH. USE CONTROLLED MOVEMENTS ON LEVERS WHILST PREFORMING THE TASK
22 WHERE POSSIBLE, USE LEVERS ON THE SAFEST SIDE OF THE VEHICLE
23 CHECK WINCH AND CABLES / STROPS FOR FAULTS AND IF ANY FOUND DO NOT USE IF ANY FOUND AND REPORT TO DEPOT AND FLEET MANAGER IMMEDIATELY & LABEL KIT NOT TO BE USED
24 WHEN RETURNING WINCHAND CABLES ENSURE THEY ARE STOWED AWAY PROPERLY
25 ENSURE ANY DEBRIS ON THE ROAD IS CLEARED AWAY BEFORE MOVING AWAY
26 WHEN MOVING AWAY, KEEP BEACONS RUNNING UNTIL YOU HAVE ACHIEVED THE NORMAL OR STATUTORY SPEED LIMIT
27 RECORD ALL INFORMATION ON THE RECOVERY JOB SHEET AND OBTAIN MOTORIST SIGNATURE
28 RING THE CONTROL ROOM AND CLEAR THE JOB DOWN. SEE IF THERE IS ANYMORE JOBS, IF NOT RETURN TO THE RECOVERY BASE
29 ENSURE WINCH IS REWOUND ONTO DRUM CORRECTLY IN ACCORDANCE WITH TRAINING AND SAFE SYSTEMS OF WORK.

ANDERSON COMMERCIALS LTD

# Risk Assessment/Method Statement No 23

| | | | | | |
|---|---|---|---|---|---|
| **Work Activity** | **Smart Motorways** | **Assessed By** | **Jamie Anderson** | **Date** | **Feb-23** |
| **Workplace** | **All** | **Contract** | **All** | **Issue** | **2** |

| **Hazards Identified** | **Assessed Risk** | | |
|---|---|---|---|
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricy | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Control Methods** |
|---|
| 1. WORK DEFINED BY THIS ACTIVITY WILL ONLY BE CARRIED OUT BY A TRAINED PERSONNEL |
| 2. ALL OPERATIVES TO HAVE COMPLETED RELEVANT TRAINING COURSES APROVED BY AN INDEPENDENT ASSESOR |
| 3. ALL OPERATIVES TO HAVE COMPLETED INDUCTION TRAINING |
| 4. ALL OPERATIVES TO HAVE READ AND SIGNED THE COMPANY'S RISK AND METHOD STATEMENTS |
| 5. DAILY FLOWER AND WEEKLY VEHICLE CHECKS TO BE MADE |

| **Re-Assessed Risk** | | | |
|---|---|---|---|
| **Hazards Identified** | Assessed Risk | | |
| *Generic Risk Rating* | **High** | **Medium** | **Low** |
| Crushing | | | |
| Noise | | | |
| Stored Energy | | | |
| Heat | | | |
| Dust | | | |
| Manual Handling | | | |
| Moving Plant & Machinery | | | |
| Vehicles in Area | | | |
| Working in Live Lanes | | | |
| Chemicals | | | |
| Adverse Weather | | | |
| Electricity | | | |
| Vehicle Batteries | | | |
| Loss of Control of Casualty | | | |
| Fuel | | | |
| Confined Spaces | | | |

| **Personnel Protective Equipment** | | | |
|---|---|---|---|
| *Protection* | **Type** | **Must** | **Consider** |
| Head | Safety Helmet | | Yes |
| Eyes | Safety Goggles | | Yes |
| Hearing | Ear Plugs/Muffs | | Yes |
| Breathing | Face Mask | | |
| High Visibility | Florescent Jacket | Yes | |
| | Florescent Trousers | | Yes |
| Hands | Gloves | Yes | |
| Feet | Safety Boots | Yes | |

| **Additional Preventive Control Measures** |
|---|
| 1. ENSURE CORRECT USE OF BEACONS AND WORKLAMPS |
| 2. ALL OPERATIVES MUST WEAR MANDATORY PPE |
| 3. ENSURE VEHICLE REVERSING BLEEPER IS FITTED AND WORKING |
| 4. REGULAR DRIVING ASSESSMENTS |
| 5. MUST HAVE ASSISTANCE FROM AN IPV, HATO OR POLICE |
| 6. CONSIDER USING A SECOND OPERATIVE |

| **Additional Information** |
|---|
| SEE RAM'S NO 1, 6, 7, 8, 9, 11, 12 and 16 |

| **Monitoring & Review Required** |
|---|
| RISK ASSESSMENT TO BE REVIEWED BY MANAGEMENT AND TEAM LEADERS. |
| **Work to be Safety Monitored by** - Supervisor |

| | |
|---|---|
| **Fire** | |
| | 2KG DRY POWDER CARS/SUPPORT VANS |
| **First Aid** | 1-10 PERSON FIRST AID KIT MIN APPOINTED PERSON, BEST PRACTICE FIRST AIDER ON SITE |

| | |
|---|---|
| **COSHH** | COSHH TRAINING/HAZCHEM AWARENESS |
| **Signature** | |