

Insert Logo Here

Insert Business Name Here

RISK ASSESSMENT / METHOD STATEMENT (RAMS)

GENERAL DETAILS

Project Name:		Project Ref No:	
Contractor / Subcontractor:			
Prepared by:			
Method Statement Title:			
Method Statement No:		Rev:	Date:
Task / Activity:			
Site Supervisor:			
EHS Rep / Advisor:			
Site Manager			
Location on Site:			

HIGH RISK WORKS

High Risk Activity (Y/N):	
Recorded on High Risk Register (Y/N):	
High Risk Workshop Undertaken (Y/N + date):	

RAMS REVIEW

Reviewed by:	Name:	Signed:	Date:	Status:

Review Status: 1 = Accepted. 2 = Rejected, resubmit.

RAMS REVIEW

At HammerTech, we believe safe worksites begin with mindful planning and a culture of accountability. The following principles support safer work practices:

- **Pause and Scan (20-Second Rule):** Before resuming any task, take a moment to check your surroundings for potential hazards.
- **Act Immediately:** Remove or report any unsafe condition as soon as it's spotted.
- **Safety Over Speed:** No task is ever so urgent that it justifies cutting corners.
- **Consistency Matters:** Repeat good habits until they become second nature.

RAMS REVIEW CHECKLIST

		YES	NO	N/A
1	Does the RAMS clearly state the task and location of work?			
2	Are supervising personnel, roles, and contact details listed?			
3	Are the training and qualifications of the workforce outlined (e.g. CSCS, IPAF)?			
4	Are tools and plant identified? Are relevant certificates included where needed?			
5	Are materials listed with delivery, handling, and storage arrangements detailed?			
6	Is other essential equipment (e.g. access platforms, scaffolds, lifting gear) identified?			
7	Is the sequence of work explained clearly, including start and finish times?			
8	Are task-specific hazards and associated control measures detailed?			
9	Are any required temporary works clearly identified and addressed?			
10	Are coordination arrangements with other site contractors described?			
11	Are fall prevention and working at height measures specified?			
12	Is task-specific PPE outlined and aligned to the risks?			
13	Are emergency response procedures appropriate and complete?			
14	Are hazardous substances considered, including SDS and control methods?			
15	If applicable, is there a plan to communicate RAMS to non-English-speaking workers?			

Reviewed By	Position	Signature	Date

SECTION 1: DESCRIPTION OF WORKS (Brief Summary)

SECTION 2: KEY HAZARDS / RISKS (Refer to Risk Assessment(s))

Hazards / Risks	Key Controls
<ul style="list-style-type: none">	<ul style="list-style-type: none">

SECTION 3: SEQUENCE OF WORKS (Method)

SECTION 4: SUPERVISION / LABOUR / TRAINING

Please list the individuals responsible for supervising and carrying out the works. Include names, roles, and evidence of relevant training or certification (e.g. CSCS, SMSTS, IPAF, Manual Handling).

Name	Role	Competency / Training	Expiry Date	Notes

SECTION 5: TEMPORARY WORKS

- Requirement of Independent checks (complex/high risk TW):
- Temp works involved (list):
- Key considerations:
- TWD / TWDC (signed by PSDP) in place:
- Sign off of TW on site (permits to bring into use (load) / take out of use (strike) – by whom (subcontractor / TWS / TWC):

SECTION 6: LIFTING OPERATIONS

- Requirement for lifting suspended loads:
- Included in Lift Plan/Schedule of Lifts - approved by Appointed Person
- Method of lifting
- Key considerations

SECTION 7: PLANT & EQUIPMENT

- **Plant and Equipment Required:**

- **Certification / Inspection:**

- **Work at height / access equipment:**

- **Lifting Equipment (Including SWL):**

- **Electrical (Include PAT):**

- **Tools:**

- **Other:**

SECTION 8: MATERIALS

Please comment "Yes" or "No" under the pictogram below



Acute Toxicity

Y / N:



Explosive

Y / N:



Oxidising

Y / N:



Flammable

Y / N:



Corrosive

Y / N:



Gas Under Pressure

Y / N:



Serious Health Hazard

Y / N:



Health Hazard

Y / N:



Hazardous to the Environment

Y / N:



Respirable Crystalline Silica (RCS) Hazard *

Y / N:

• **Materials required:**

• **Storage:**

• **Hazardous Substances / SDS:**

• **Waste Management:**

Management of Respirable Crystalline Silica (RCS):

Please outline how RCS exposure (if applicable) will be managed during this activity? Items to consider include Risk Assessment, Hierarchy of Hazard Control, Training & PPE. A detailed site-specific Risk Assessment must be included in **Section 13**.

•

SECTION 9: PPE

Please insert "Yes" or "No" in box below



Helmet



Boots



High-Vis Vest



Gloves



Glasses

Other: Include any non-standard PPE required for this task (e.g. face coverings, sleeves, hearing or respiratory protection)

SECTION 10: PERMITS

	Yes	No	Comments
Hotworks:			
Excavations:			
Roofworks:			
Temporary works:			
Confined Spaces:			
Live Services:			
Risers / Shafts:			
Ladder:			
Works in ESB Hazard Zone:			
Other			

SECTION 11: THIRD PARTY COORDINATION (Principal Designer, Utility Providers, Local Authorities)

SECTION 12: MANUAL HANDLING OPERATIONS

Will any materials or loads be lifted, carried, or handled by hand during this activity?

If yes, list the specific materials involved:

Provide the approximate or known weights of these items.

Note: If any individual load exceeds 15kg, a MAC (Manual Handling Assessment Chart) review should be completed.
[See Appendix A for guidance.](#)

SECTION 12: RISK ASSESSMENT

[Add Risk Assessment Here]

SECTION 14: EMERGENCY PROCEDURES

TASK SPECIFIC EMERGENCY REQUIREMENTS

-

ACCIDENT REPORTING

All accidents, incidents, and near misses must be reported immediately to site management to support prompt investigation and ensure evidence is preserved.

First Aider Details:	

First Aid Location:	

Details of Nearest Hospital:	

SECTION 15: SUMMARY OF KEY ISSUES

The following is a summary of the key items included in these RAMS. This is a non-exhaustive list that attempts to capture the main items to be implemented on site and to be monitored.

- ?
- ?
- ?
- ?

SECTION 16: COMMUNICATION OF METHOD STATEMENT

Where those completing the works do not understand written English, the Method Statement must be either:

- A.** Translated in writing into native language and communicated
- B.** Translated by interpreter to those completing the works

**Confirm
“A” or “B”**

Communication completed by:

Name:

Signature

I am familiar with the content of this Method Statement / Risk Assessment (RAMS) and will undertake the works in accordance with it. If the work activity changes from that outlined in these RAMS, I will stop works until the RAMS are amended.

NAME (PRINT)

SIGNATURE

**NATIVE
LANGUAGE**

**UNDERSTAND
WRITTEN
ENGLISH?
(Y / N)**

DATE

APPENDIX 1: Manual Handling Assessment Chart (MAC) Tool Assessment Guidance

MAC TOOL ASSESSMENT GUIDANCE	
Name / Purpose of Activity	
Location of Activity	
Team / Individuals Involved	
What Items are handled?	
When does the task take place (Shift / time of day)	
Are there indications that the task is high risk for MSDs?	
Task has a history of manual handling incidents (e.g. previous manual handling accident)	<input type="checkbox"/>
Task is known to be strenuous, can be done by only a few people or employees complain about MSD risk.	<input type="checkbox"/>
Employees doing the work appear to be struggling or finding it difficult to accomplish. (e.g. Red-faced, sweating) or ask for help.	<input type="checkbox"/>
Other indications. If so, please specify	<input type="checkbox"/>
List any significant psychosocial factors (e.g., high workloads, tight deadline, lack of control over the work, and working methods)	
Do I need to do a full risk assessment? Please check any relevant boxes.	
The task involves frequent lifting or lowering—e.g. more than 12 lifts per minute or one every 5 seconds—or frequent carrying, such as more than once every 12 seconds.	<input type="checkbox"/>
The type of manual handling is outside the standard MAC tool limits or not covered—for example: <ul style="list-style-type: none"> Seated lifting (especially over 5kg for men, 3kg for women) Shoulder carrying without a prior lift 	<input type="checkbox"/>
One or more workers involved may be especially vulnerable (e.g. young or new workers, pregnant employees, those with prior injuries or medical concerns).	<input type="checkbox"/>
Other significant risk factors are present, including: <ul style="list-style-type: none"> Large vertical ranges of movement Sudden or unpredictable load shifts High work pace set by a process or schedule Loads that are unstable, sharp, hot, or hazardous Unusual strength, reach, or posture required Tasks that require specialised training PPE or clothing that restricts movement 	<input type="checkbox"/>
<p>👉 If none of the boxes are ticked, you may proceed with the MAC assessment below.</p> <p>👉 If any boxes are ticked, a full manual handling risk assessment is likely required.</p> <p>Any information gathered here can be used as a basis for that more detailed assessment.</p>	

SECTION 13: RISK ASSESSMENT

Contract Number

Location:

Duration:

Assessment by:

Description:

Works by:

Date of RA:

		Severity				
		Very Minor 1	Minor 2	Moderate 3	Severe 4	Very Severe 5
Likelihood	Almost Certain 5	Possible 5	Very Possible 10	Probable 15	Almost Certain 20	Almost Certain 25
	Likely 4	Unlikely 4	Possible 8	Very Possible 12	Probably 16	Almost Certain 20
	Possible 3	Unlikely 3	Possible 6	Possible 9	Very Possible 12	Probable 15
	Unlikely 2	Unlikely 2	Unlikely 4	Possible 6	Possible 8	Very Possible 10
	Rare 1	Unlikely 2	Unlikely 2	Unlikely 3	Unlikely 4	Possible 5

Likelihood	
1	Improbable
2	Unlikely
3	Possible
4	Likely
5	Almost Certain

Severity of Consequence	
1	Very Minor
2	Minor
3	Moderate
4	Severe
5	Very Severe

Risk Level	
1-4	Unlikely
5-9	Possible
10-12	Very Possible
15-16	Probable
20-25	Almost Certain

SECTION 13: RISK ASSESSMENT

Contract Number**Location:****Duration:**

Assessment by:

Description:

Works by:

Date of RA:

[illegible]

MAC TOOL ASSESSMENT SCORE SHEET and MATRIX

Risk Factors	COLOUR BAND (G, A, R, P)			Numerical Score for Comparison			Possible Control Measures to Reduce the Risk of Red / Amber Factors
	Lift	Carry	Team	Lift	Carry	Team	
Load Weight / Frequency							
Hand Distance from Lower Back							
Vertical Lift Zones		N/A			N/A		
Torso Twisting and Sideways Bending OR Asymmetrical Torso or Load (Carrying)							
Postural Constraints							
Grip on the Load							
Floor Surface							
Carry Distance	N/A			N/A			
Obstacles on Route	N/A			N/A			
Communication, Coordination, and Control	N/A	N/A		N/A	N/A		
Environmental Factors							
	Total Score						

Colour Band (G, A, R, P)	Numerical Score for Comparison
G = GREEN – Low level of Risk Although the risk is low, consider the exposure levels for vulnerable groups such as pregnant women, disabled, recently injured, young or inexperienced workers	0
A = AMBER – Medium level of risk Examine tasks closely	4
R = RED – High Level of risk. Prompt action needed. This may expose a significant proportion of the working population to risk of injury	6
P = PURPLE – Unacceptable level of risk Such operations may represent a serious risk of injury and must be improved	Suspend Works