

Revision Date: 06/2019

Method Statement

Description of the Task	Clock art installation to Seascale water tower						
Project Name:	Chronos Kairos art in	nstallation	Project Ref:	STOB			
Site Address/ Location	Seacale water tower Seascale Cumberland		Start date/Time Finish Date/Time	TBC TBC			
Personnel involved		Name	R	Role/Trade			
involveu	Mark Huddart		Stone mason				
	Kristian Dempster		General Operative				
Works	Peter Lee	Role	Project Manager T	el 07525060697			
Supervisor							
Key Plant & Tools Required:			eld vacuum, wd40, clean cloths. I	M10 bolts. Hex head key.			
Key Materials Required	Cardewmires sand, Lime,						
Other Essential Equipment	Mobile Scaffolding, Genie lift hoist						
Specific Staff Training Requirements	on-site health and sat All operatives are to attached risk assessm of works. All operatives using equipment. Only the tools. All operatives All work is to be can	fety. receive information and nents. All operatives and power tools are to have ose considered compete are to receive training ried out by competent	or will be appointed to manage a nd instruction on the content of t re to receive a site safety induction re received suitable and sufficient ent to use such equipment shall b on safe manual handling. experienced operatives in accord aining shall be maintained and w	his method statement and the on prior to the commencement at training in the use of the be permitted to operate such dance with current building			
Sequence of Operations :	 brief. 2. Sign onto m 3. Wearing clear clean dust s 4. Agree the ar 5. Stakeholder 6. Erect alloy to position of where possi 7. Drill holes in holes to rem 8. Secure the hand the end 9. Loosen gruf 10. Install liftin 	nethod statements, risk can gloves unpack all it heet. Check all items h rtwork has been checker is to agree a suitable be tower scaffold on whee wall bracket adjusting ble. nto mortar joint using hove all dust. hanging bracket making marked top on the brac o screw in top of the sc	he work by walking the workfact assessments and any permits/wo tems from ply crates and lay onto ave been delivered. ed and signed off all parts are co- est position for the art work to be els to a working platform heigh of where required to enable M10 be battery drill and vacuum attachm g sure the bottom of the bracket is cket is pointing upwards. sulptures arm using hex key. Do e and attach with canvas straps t	ork packs required. o a plywood sheet draped with rrect. installed. of 1.8m and mark agreed olts to be fixed into mortar joints nent. Vacuum out the drilled is 2500mm from ground level not fully remove.			
Method Statement v	work. 1.0			Page 1 of			
		Stobbarts Ltd Re	gistered in England 3819014	Re-Issue Date: 17/06/20 Revision Date: 06/20			

STC	BBA	RTS
		Limited

Stobbarts Ltd Occupational Safety, Health &Environmental System Method Statement

	frc 12. En 13. Ti 14. Re 15. Cl 16. Di 17. Re 18. Cl 19. Re an	om tower sca sure the scu ghten up gru emove lifting ean sculptur smantle scaf emoving scu ean and Re-J	affold whils lpture slide: b screw in t g eye and re e using wd fold and cle lpture to b pack all par bolts from r f existing m	e reverse of ts in crates a nortar joints ortar mix	culpture i onto bra taking ca l cap cov llent and f previou and foam	s level a acket an are not t er. clean cl as meth . Sculpt	and inlin d comp o over t loths. odology ure to b	ne with wall letely covers ighten y sequence. e returned to	bracket. the bracket studio by o	thers.
Hazardous Substances		٢			A REAL	> <	!>		\diamondsuit	
Substances	Flammable	Oxidiser	Explosive	Toxic/Very Toxic	Corrosi		rmful/ itant	Longer term Health Hazard	Gas Under Pressure	Dangerous to the Environment
Applicable	No	No	No	No	Yes	Ye	es	No	No	No
SWL's	N/A									
Required Personnel Protective Equipment	yes At all times	yes At all time	yes At all tir	mes Whe	en	Yes When mixing		yes Ill times	Oth 1. Hi Viz 2. 3.	er: z (Yes)
Emergency Procedures:	operating plant mixing mortar Call 999 and advise the appropriate emergency services Isolate any plant, machinery or other equipment. Do NOT move the injured person unless it is absolutely necessary, and they are in danger by remaining where they are. Keep the injured person warm and dry. Inform the site manager and head office					emaining				
First Aid Facilities	Name of On-Site First Aider:				Kristian Dempster					
First aid	First Aid Box Location Location of Nearest Hospital				A First Aid Box is Located in the Company Vehicle. West Cumberland Hospital					



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Other Information & Comments	All plant, machinery, tools and equipment will be inspected on each occasion before it is used and in accordance with the manufacturers and statutory requirements. If any defects are identified, the equipment shall be taken out of use and replaced.
	Stobbarts Ltd are very aware of the potential health hazards presented by hand arm vibration (HAV) and whole-body vibration (WBV), the use of tools such as angle grinders which can be responsible for HAV will therefore be limited to reduce the effects of HAV, a limit of 10 minutes (max.) will be placed on the usage of such tools for each individual. There must then be a break of at least 20 minutes before the tool, or another similar tool is used again. The use of low vibration tools will be utilised where possible, only low vibration models will be purchased and when tools are being hired, consideration is to be given to lower vibration has been given to the selection of appropriate tools in this method statement and quieter methods of working are selected where appropriate. All work will be undertaken by qualified competent persons with experience of the type of work described above, and in all cases in full accordance with the company's Health and Safety Policy.

Stobbarts Ltd	Date
Author : Jamie Beaumont	20/12/23
Checked : Peter Lee	20/12/23

Issue and Amendment History

Issue or Amendment	Details	Date	
1.0	Initial draft	01/04/2019	

Method Statement briefing record

We (the undersigned) have read and understood the attached method statement and will comply with the specified requirements and control measures. If the work activity changes or deviates from that originally envisaged, we will seek further advice and request an amended method statement.

Name	Date	Signature