

Work Method Statement

Project Name: VW 2.0

Address: skoda volkswagen india.pvt.ltd

Company Name: KEPL (Sub Vendor-Shreenidhi Engineering Services)

Activity/Trade: Duct Installation, Light Test of Ducting, Insulation fixing,
Dropper Work & Installation of diffuser & Jet Nozzle

Supervisor Name: Mr. Naveen Gowda

Contact No: 9742100310

Procedure (in steps) <i>(Break the job down into steps. Each step should accomplish some major task and be in logical sequence.)</i>	Possible Hazards <i>(Identify the hazards associated with each step. Examine each to find possibilities that could lead to an accident or potential harm arising.)</i>	Risk Rating (See below)	Control Measures <i>(Describe what action or procedure will be taken to eliminate or minimize the risk of injury or damage. Use the Hierarchy of Controls below as a guide)</i>	Person who will ensure this happens
Support fixing for Duct	<ul style="list-style-type: none"> Worker may work without PPE's Un-aware about hazard Fall of person while support fixing on ceiling. Crane overloading-Improper communication 	H	<ul style="list-style-type: none"> Deploy trained person for activity. Carry out take-02 before starting the work and discuss the hazard associated with the work. Ensure All the team member donned the required PPEs before reaching to work location. All the PPEs are inspected prior to use & only good condition (Cotton hand gloves , Safety shoes, Goggle, Reflector jacket, Safety Helmet) etc. 	

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M - Medium Risk: The hazard has the potential to cause a LTI < 7 days

H - High Risk: The hazard has the potential to cause a LTI ≥ 7 days

L - Low Risk: The hazard has the potential to cause a minor injury that will not disable a person (ie: Nil LTI)

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Duct Supporting	<ul style="list-style-type: none"> Untrained person Fall of material Pinch Hazard Slip Hazard Un certified lifting tool. Cut hazards of hand Un authorize person entry. 	H	<ul style="list-style-type: none"> Donned the required PPEs (Safety Shoes, Safety helmet, FBSH, Handgloves,goggle,etc) before reaching to work location. Reach the work location by the scaffolding (Follow 3 point of contact rule while climbing on the scaffolding. Position the body properly on the work location before starting the work Shift the material at work location by manually. Reach the work location on scaffolding Fixing of the 'C' clamp & stud rod as required location with the help of spanner Lifting of the duct and other material by using rope on scaffold. Tow person lifting of the duct on scaffolding and hang to stud rod and tight properly with nut and bolt & gasket, Use the Scissor for ducting cutting. Do not stand on suspended rod. <p style="margin-left: 20px;">Hold the one person of Duct and fix the as per require</p>	

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Installation of prefabricated Duct	<ul style="list-style-type: none"> • Fall of person while lifting duct. Fall of Duct. Cut injury while shifting & lifting 	H	<ul style="list-style-type: none"> • Mobile scaffolding shall be used while drilling on ceiling. • Duct to be hang with rope. • Hand gloves shall be used. 	
Light Test of Ducting	<ul style="list-style-type: none"> • Unauthorized withdraw of electrical current. Electrical shock if electrical joints remain open. • Shock or electrical splash if naked wire inserted into socket. Electrical cable may act as an obstacle if not laid properly. Fall of person while inspection of duct. 	H	<ul style="list-style-type: none"> • Authorized, approved & dedicated electrical current withdrawal station or board made available. • Male-female coupling or Extension board shall be used. • Light fixture with Plug top shall be used. • Ensure that electrical cable shall not laid on the pathway. • Mobile scaffolding shall be used while drilling on ceiling. • Safety hat, Safety Goggle, Safety shoes & Full body harness shall be used. 	
Insulation Material fixing	<ul style="list-style-type: none"> • Fire due to adhesive material. Adhesive material stuck to the skin 	H	<ul style="list-style-type: none"> • .Keep away adhesive from ignition source. • Use hand gloves for application of insulation material on duct. 	
Dropper work of Ducting & Installation of Diffuser & Jet Nozzles.	<ul style="list-style-type: none"> • Fall of person. Cut injury 	H	<ul style="list-style-type: none"> • Mobile scaffolding shall be used while drilling on ceiling. • Safety hat, Safety goggle, Safety shoes & Full body harness shall be used. 	

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Do Proper housekeeping & Material keep in proper location.	<ul style="list-style-type: none"> Slip, Trip or Fall hazards at same level , staircase etc 	H	<ul style="list-style-type: none"> Use of unobstructed access way. Availability of work permit & Use of safety helmet, safety shoes, safety goggle, Hand Gloves etc. Supervisor should inspect the path of movement to check whether it is free of any obstruction, pit/ holes, staircase etc. Check the availability of proper illumination in work area. Remove all martial after completion of work. 	

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Safe Work Method Statement

Personnel Summary

SUPERVISOR'S DETAILS

Supervisors Name & Qualifications:	Name: MR. NAVEEN KUMAR Experience: 8 YRS Qualifications: B.E.MECH
Supervisor's Responsibilities:	<ol style="list-style-type: none">1. Provision of access to work location.2. PPE compliance at site.3. Machine & equipment need to be check before deployments.4. Sufficient illumination at work location. <p><i>In addition to the above, the supervisor is to provide training in the use of this WMS, issue PPE and provide training in the same, supervise the work, ensure conformity with this WMS, amend the WMS when additional hazards are found (and if applicable, ensure all workers receive a tool-box talk to discuss the control measures for the additional hazards).</i></p>

DESCRIPTION OF TRAINING THAT HAS BEEN GIVEN TO PEOPLE INVOLVED WITH THE WORK

H&S GENERAL INDUCTION: *All workers must have successfully completed industry induction training –YES*

WORK ACTIVITY TRAINING: *All workers need to have been trained in the activities outlined in this safe work method statement.-YES*

SITE INDUCTION: *All workers are to be site inducted by the Principal Contractor, prior to commencing work on site.-YES*

OTHER: (List other training undertaken by workers): *(eg: Confined Space, Manual Handling, Traffic Control etc)-NA*

TICKETS, PERMITS or LICENCES REQUIRED to undertake this work (i.e. Certificates of Competency, Confined Spaces etc):

N.B. - Copies of the above must be shown to the Principal Contractor during site induction.- NA

LEGISLATION, CODES OF PRACTICE and GUIDELINES applicable to this work

All work to comply with the < vw> H&S Acts and Regulations and amendments, Workplace Injury Management & Workers Compensation Acts

Additional Codes and Standards applicable to this trade:

Work Method Statement

Equipment & Material Summary

PLANT and EQUIPMENT used and MAINTENANCE FREQUENCY:

Serial	Plant/Equipment	Contractor	Government Registration No. (Where applicable)	Plant Hazards identified and controlled within WMS?	Maintenance/service records and log books sighted by Principle Contractor prior to equipment being used on site?			
					Yes	No	Sign	Date
1	BOOM LIFT/SCAFFOLD		-	-	-	-	-	-
2								
3								

ELECTRICAL EQUIPMENT USED DURING THE WORKS (Attach Electrical Equipment Register if applicable):

Item	Tag/Item Number	Testers Name & Signature	License Number	Test Date	Result	Test Date	Result
				___ / ___ / ___		___ / ___ / ___	
				___ / ___ / ___		___ / ___ / ___	

HAZARDOUS SUBSTANCES or DANGEROUS GOODS USED IN THE WORKS and anticipated volumes (Attach MSDS if applicable):

Date on Site	Date Left Site	Product Name	Purpose (ie. Application on site)	Location & Volume Used on Site	Controls (& PPE to be worn)	MSDS Date	MSDS Attached (Y/N)
/ /	/ /					/ /	
/ /	/ /					/ /	
/ /	/ /					/ /	

N.B. - All workers must be trained in the safe use of all chemicals and provided with the PPE required when using and storing these chemicals. Disposal is to be as per the waste disposal methods in the MSDS. Spillage and leaks are to be cleaned up as per the spill/leak procedures identified in the MSDS.

Work Method Statement

We agree that we have been consulted in the hazards and control measures and agree to complete the work in accordance with our Work Method Statement (WMS).

We have been provided with training in all tasks outlined in our WMS and in the Codes of Practice applicable to our work.

Employee / Worker	Signature	Date	Employee / Worker	Signature	Date
1.		/ /	8.		/ /
2.		/ /	9.		/ /
3.		/ /	10.		/ /
4.		/ /	11.		/ /
5.		/ /	12.		/ /
6.		/ /	13.		/ /

Reviewed by:
(Principal Contractor's Representative)

Signature:

Date:

Any changes, additions or deletions made to this WMS are to be covered with the above personnel and the Principal Contractor's representative at a Toolbox meeting (Record date and time of Toolbox meeting below):

Date: _____

Time: _____

Comments: _____

Site Incharge KE	Site Engineer /Supervisor KE	EHS KE	Engineer (SAVWIPL)	EHS (SAVWIPL)

A copy of the Toolbox Meeting must be attached to this WMS.