


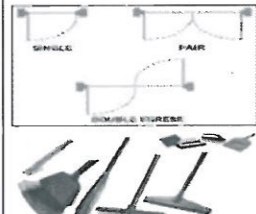


Method Statement & Risk Assessment

MS & RA no : _____ Location : CIW Cross member station Time period : 01.10.2020 to 31.10.2020

Work done by (Department / Contractor) : Difacto Robotics & Automation Pvt. Ltd Activity Description : Mid Cab Vriant addition

Sl No	Activity Sequence	Picture / Drawing	Manpower detail	Equipment / Tool detail	Hazard description	Likelihood	Severity	Risk level	Precautionary measures	Likelihood	Severity	Risk level	Remarks
1	Covid 19 Precaution measure		All	All Applicable PPE	1. Biological Hazard a. Infection spread	4	4	High	1. Wear nose mask all time and ensure face shield while working nearby with other people. 2. Social distancing to be maintain by limiting four person in one zone at different places, 3. Avoid gathering of workers during work. 4. Frequent hand wash using sanitizer/soap oil. facility shall be provided at Fabrication yard, Container location and working location. 5. Monitor body temperature before gate entry 6. Ensure Only 19 labours entering DICV as per Crisis management team declared head count.	1	1	Low	
2	Loading/Unloading/ Shifting of material to work location		4	1. Trolleys,	1. Fall Hazard: a. Slipping during trolley movement	3	4	Medium	1. Clear gangway space for trolley movement. remove any obstacles 1. Provide competent person to lifting activity 2. When loading or unloading provide barricade that area & provide suitable sign boards 3. Work carry out under proper supervision 4. Use Appropriate PPE (Reflective vest, safety helmet, safety shoes, rubber hand gloves, goggles, nose mask) 5. Provide flag person for vehicle reverse movement	1	2	Low	
3	Cutting, grinding and drilling in fixtures		4	1. Grinding Machine, 2. Key, 3. Cutting machine 4. Drilling machine 5. Power cables 6. Magnetic drilling machine	1. Health Hazard: a. Flying particles b. Dust & Fumes 2. Mechanical Hazard: a. Noise & Vibration b. Contact with machine parts 3. Electrical Hazard: a. Electric shock 4. Thermal Source: a. Fire Hazard	3	3	Medium	1. Use double insulation portable machine with guards 2. Inspect machine at every week with DICV Equipment check list 3. Operate using competent worker 4. Use Appropriate PPE (Reflective vest, safety helmet, face shield, ear plug, apron, safety shoe, nose mask) 5. Barricade the work area & provide safety sinages) 6. Work carry out under proper supervision 7. Provide 30MA ELCB on panel board and avoid usage of damage cable and joint cable 8. Give proper training to Helper/ Co-workers 9. Ensure hot work permit to obtain before starting of everyday activity 10. Ensure proper 5S in work location 11. Ensure no damages in cutting and grinding wheel 12. Cutting and grinding wheel RPM should be greater than M/c speed 13. Ensure 75% of wheel should be covered by guard.	1	2	Low	
4	Welding of fixture units		4	1. Welding Machine 2. Welding holders 3. Welding cables 4. Cable connectors 5. Lugs	1. Health Hazard: a. Flying of welding slags b. Dust & Fumes 2. Electrical Hazard: a. Electric shock 3. Thermal Source: a. Fire Hazard	3	4	Medium	1. Provide 30MA ELCB on panel board 2. Avoid usage of damage cable and improper way of joining of cable 3. Inspect machine at every week 4. Operate using competent worker 5. Use PPE (safety helmet, safety shoe, face shield, hand gloves, apron, nose mask, leg pad, hand pad) 6. Barricade the work area & provide suitable sign boards 7. Work carry out under proper supervision 8. Provide fire extinguisher and fire bucket 9. Flammable material should be removed from working area 10. Use rubber mats below welding machines. 11. Ensure hot work permit to obtain before starting of everyday activity 12. Ensure proper 5S in work location 13. Ensure Proper earthing of welding machine.	1	2	Low	
5	Access/Egress and house keeping		4	1. Cleaning Equipment	1. Health Hazard: a. Skin allergy 2. Biological Hazard: a. Breathing Suffocation b. Environmental pollution	2	3	Low	1. All access ways must be kept free of obstructions 2. Keep all access well lighted 3. Maintain good housekeeping 4. Use proper PPE (safety helmet, safety shoes, nose mask)	1	1	Low	

Method statement approved: _____

Risk assessment approved: _____ Prepared by : (Contractor & Responsible person) _____ Reviewed by : (DICV responsible person) _____ Safety department

Additional if any: _____

