



SUB CONTRACTORS METHOD STATEMENT VETTING FORM

Prior to Works taking place the Site Supervisor shall assess the adequacy of the Sub Contractors Method Statement by completing this form. Where additional controls are required works must not commence until adequate controls have been implemented.

Company Name.			Company Address.		
Contact Name(s):			Telephone No:		
Des	cription of work activity:			1	
Date Method Statement Received:			Date work activity will begin:		
		Yes		No	N/A
1	Delivery and storage of materials to site)			
2	Safe access and egress to and from the place of work				
3	Safe delivery of materials and equipment to the place of work				
4	Lighting/Ventilation/Temperature requirements	4			
5	Noise/Vibration control				
6	Appropriate Tools / Equipment/ Plant/Vehicles	I CHA	L-1-1-		
7	Competence & Training of staff	1: 134			
8	Safe working at height				
9	Safe use, handling and storage of hazardous substances				
10	Supervision and monitoring to ensure work is progressing safely				
11	Appropriate personal protective equipment				
12	Applicable legal and other standards identified	1		1 7 1	
13	Appropriate emergency measures	144			
Ove	rall Assessment (tick one box only	():			
Meth	nod Statement Accepted				
Method Statement Accepted with Amendments (See Detail Box)					
Method Statement Rejected (See Detail Box					
	ail Box:				

Name:

Position:

Signed: