



## HSE ASSESSMENT CHECKLIST FOR WORK METHOD STATEMENT

<b>Cluster:</b>							
<b>Project ID:</b>							
<b>Project Name:</b>							
<b>Project Manager Name:</b>							
<b>Contractor Company Name:</b>							
<b>Supervision Consultant Company Name:</b>							
<b>Method Statement Title:</b>							
<b>Method Statement Document Reference:</b>							
<b>Method Statement Version:</b>							
<b>Method Statement Date:</b>							
<b>ACCEPTANCE OF THE HSE ASSESSMENT FOR THE METHOD STATEMENT</b>							
Acceptance signatures of authorized persons are required in order to support acceptance of the Method Statement:							
<b>Requested by:</b>	<table border="1"><thead><tr><th>Name</th><th>Date</th><th>Signature</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr></tbody></table>	Name	Date	Signature			
Name	Date	Signature					
	<table border="1"><thead><tr><th>Name</th><th>Date</th><th>Signature</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr></tbody></table>	Name	Date	Signature			
Name	Date	Signature					
Contractor's HSE Representative							
Supervision Consultant							
<b>CAVEATS / RESERVATIONS</b>							
Provide details of any caveats or reservations regarding acceptance of the HSE Assessment. State 'Not applicable' if there are no such caveats or reservations at this stage.							



**Important Note:** This checklist has multiple sections. **ALL** Contractor Method Statements for construction works **MUST** be accompanied by a completed, contemporary HSE Assessment Checklist in order to be accepted for the works to commence. **EACH TIME** the checklist is used, **ALL** sections **MUST** be completed by the Contractor’s authorized, competent person (HSE representative) and then the completed checklist must be given to the Supervision Consultant, who must highlight the checklist with requirements for NWC work permit(s) associated with specific HSE risks expected to be encountered during the described work activities.

**Method Statement** – must be drafted by the Contractor’s responsible person before passing it to the Contractor’s HSE representative (pre-authorized, competent specialist in construction works HSE).

**NWC Permit to Work** – requirements for permits under NWC’s own system are to be highlighted on the checklist after the Contractor’s HSE representative has recorded his assessment of the Method Statement.

**(1) GENERAL**

Refer to ‘HSE Guideline for Construction Sites – General’ for details of NWC’s requirements.  
This is document number PMF-017-HSE-100 and is a supporting document from Section 15 of the Project Management Manual.

<b>1.1 Coordination with Local Authorities</b>	Existing NOCs and Permits adequately cover the scope of the Method Statement	<input type="checkbox"/>
	<i>or</i>	
	The existing NOCs and Permits do not adequately cover the scope of the Method Statement	<input type="checkbox"/>

**Remedial action to be taken, if required, with regard to coordination with local authorities:**

<b>1.2 Competency</b>	Workers named in the Method Statement are competent to undertake the work, from an HSE perspective.....	<input type="checkbox"/>
	<i>or</i>	
	Workers named in the Method Statement are not competent to undertake the work, from an HSE perspective.....	<input type="checkbox"/>



Remedial action to be taken, if required, with regard to competence levels of named workers:		
1.3 Planning of the Work	The Method Statement is specific and detailed to the known environment of the works location and the timely sequencing of the work activities, so that a proper risk assessment can be carried out.....	<input type="checkbox"/>
	<i>or</i>	
	The Method Statement is insufficiently detailed and non-specific, to prevent a proper risk assessment being carried out.....	<input type="checkbox"/>
Remedial action to be taken, if required, with regard to ability to carry out a proper risk assessment:		
1.4 Inductions and Training	The Method Statement does not need any additional training to be carried out or update of induction training.....	<input type="checkbox"/>
	<i>or</i>	
	Specific training needs to be carried out and/or changes to the site induction materials need to be made.....	<input type="checkbox"/>
Description of additional training to be carried out and/or updates to the site induction materials:		
1.5 Site Boundaries and Site Access	Existing site boundaries and site access remain fit for purpose under the Method Statement.....	<input type="checkbox"/>
	<i>or</i>	
	Changes need to be made to the site boundaries and site access arrangements as a result of the Method Statement.....	<input type="checkbox"/>



**Description of changes required to the site boundaries and/or site access arrangements:**

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<b>1.6 Traffic Management Plan</b>	The existing Traffic Management Plan remains fit for purpose under the Method Statement.....	<input type="checkbox"/>
	<i>or</i>	
	Changes need to be made to the Traffic Management Plan as a result of the Method Statement.....	<input type="checkbox"/>

**Description of changes required to the traffic management plan:**

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<b>1.7 Welfare Facilities</b>	The existing welfare facilities remain fit for purpose under the Method Statement.....	<input type="checkbox"/>
	<i>or</i>	
	Changes need to be made to the welfare facilities as a result of the Method Statement.....	<input type="checkbox"/>

**Description of changes required to the welfare facilities:**

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<b>1.8 Workplace Lighting</b>	The existing workplace lighting remains fit for purpose under the Method Statement.....	<input type="checkbox"/>
	<i>or</i>	
	Changes need to be made to the workplace lighting as a result of the Method Statement.....	<input type="checkbox"/>



**Description of changes required to the workplace lighting:**

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<b>1.9 First Aid</b>	The first aid provision remains fit for purpose under the Method Statement.....	<input type="checkbox"/>
	<i>or</i>	
	Changes need to be made to the first aid provision as a result of the Method Statement.....	<input type="checkbox"/>

**Description of changes required to the provision of first aid:**

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<b>1.10 Emergency/Evacuation Plan</b>	The scope of the Method Statement is adequately covered by the existing Emergency/Evacuation Plan.....	<input type="checkbox"/>
	<i>or</i>	
	Changes need to be made to the Emergency/Evacuation Plan as a result of the Method Statement.....	<input type="checkbox"/>

**Description of changes required to the emergency/evacuation plan:**

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<b>1.11 Fire</b>	The existing fire control measures remain fit for purpose under the Method Statement.....	<input type="checkbox"/>
	<i>or</i>	
	Changes need to be made to the fire control measures as a result of the Method Statement.....	<input type="checkbox"/>



**Description of changes required to the fire control measures:**

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<b>1.12 Housekeeping</b>	The existing housekeeping controls remain fit for purpose under the Method Statement.....	<input type="checkbox"/>
	<i>or</i>	
	Changes need to be made to the housekeeping controls as a result of the Method Statement.....	<input type="checkbox"/>

**Description of changes required to the housekeeping controls:**

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<b>1.13 Workplace Communications</b>	The existing workplace communications remain fit for purpose under the Method Statement.....	<input type="checkbox"/>
	<i>or</i>	
	Changes need to be made to the workplace communications as a result of the Method Statement.....	<input type="checkbox"/>

**Description of changes required to the workplace communications:**

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<b>1.14 Accident/Incident Reporting</b>	The existing accident/incident reporting protocols remain fit for purpose under the Method Statement.....	<input type="checkbox"/>
	<i>or</i>	
	Changes need to be made to the accident/incident reporting protocols as a result of the Method Statement.....	<input type="checkbox"/>



**Description of changes required to the accident/incident reporting protocols:**

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<b>1.15 Daily Inspection</b>	The existing daily inspection routine covers the scope of the Method Statement.....	<input type="checkbox"/>
	<i>or</i>	
	Changes need to be made to the daily inspection routine as a result of the Method Statement.....	<input type="checkbox"/>

**Description of changes required to the daily inspection routine:**

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<b>1.16 Personal Protective Equipment</b>	The existing PPE provided on site remains fit for purpose under the Method Statement.....	<input type="checkbox"/>
	<i>or</i>	
	Changes need to be made to the PPE provision as a result of the Method Statement.....	<input type="checkbox"/>

**Description of changes required to the provision of PPE:**

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**(2) EXCAVATION**

Refer to 'HSE Guideline for Construction Sites – Excavation' for details of NWC's requirements.  
This is document number PMF-017-HSE-110 and is a supporting document from Section 15 of the Project Management Manual.

<b>Does the Method Statement require excavation works?</b>	Yes.....	<input type="checkbox"/>	Go to the next question
	No.....	<input type="checkbox"/>	Go to Section (3) Manual Handling
	Unclear....	<input type="checkbox"/>	Clarify with the author and revise/reissue as required



<b>Does the Method Statement describe adequate HSE controls with respect to <u>excavation</u> works?</b>	Yes.....	<input type="checkbox"/>	<i>Confirm the controls below</i>
	No.....	<input type="checkbox"/>	<i>Describe suitable controls below</i>
	Partially....	<input type="checkbox"/>	<i>Describe the controls below, plus outline of needed improvements</i>

**Description of HSE controls for excavation works, highlighting any need for improvements to be incorporated:**

**Supervision Consultant only to complete this section:**

<b>NWC permit required for the <u>excavation</u> works?</b>	Yes.....	<input type="checkbox"/>	<i>Inform the Contractor and the NWC CBU Project HSE Specialist</i>
	No.....	<input type="checkbox"/>	<i>The excavation works can proceed without NWC permit</i>
	N/A....	<input type="checkbox"/>	<i>It is clear there are no excavation works in the Method Statement</i>

Name	Date	Signature

Supervision Consultant

**(3) MANUAL HANDLING**

Refer to 'HSE Guideline for Construction Sites – Manual Handling' for details of NWC's requirements.  
This is document number PMF-017-HSE-120 and is a supporting document from Section 15 of the Project Management Manual.

<b>Does the Method Statement require <u>manual handling</u> activities?</b>	Yes.....	<input type="checkbox"/>	<i>Go to the next question</i>
	No.....	<input type="checkbox"/>	<i>Go to Section (4) Confined Space</i>
	Unclear....	<input type="checkbox"/>	<i>Clarify with the author and revise/reissue as required</i>
<b>Does the Method Statement describe adequate HSE controls with respect to <u>manual handling</u> activities?</b>	Yes.....	<input type="checkbox"/>	<i>Confirm the controls below</i>
	No.....	<input type="checkbox"/>	<i>Describe suitable controls below</i>
	Partially....	<input type="checkbox"/>	<i>Describe the controls below, plus outline of needed improvements</i>

**Description of HSE controls for manual handling activities, highlighting any need for improvements to be incorporated:**



<b>Supervision Consultant <u>only</u> to complete this section:</b>			
<b>NWC permit required for the <u>manual handling</u> activities?</b>	Yes.....	<input type="checkbox"/>	<i>Inform the Contractor and the NWC CBU Project HSE Specialist</i>
	No.....	<input type="checkbox"/>	<i>The manual handling activities can proceed without NWC permit</i>
	N/A....	<input type="checkbox"/>	<i>It is clear there are no manual handling activities in the Method Statement</i>
Name		Date	Signature
Supervision Consultant			
<b>(4) CONFINED SPACE</b>			
<p>Refer to 'HSE Guideline for Construction Sites – Confined Space' for details of NWC's requirements. This is document number PMF-017-HSE-130 and is a supporting document from Section 15 of the Project Management Manual.</p>			
<b>Does the Method Statement require <u>confined space</u> works?</b>	Yes.....	<input type="checkbox"/>	<i>Go to the next question</i>
	No.....	<input type="checkbox"/>	<i>Go to Section (5) Scaffolding</i>
	Unclear....	<input type="checkbox"/>	<i>Clarify with the author and revise/reissue as required</i>
<b>Does the Method Statement describe adequate HSE controls with respect to <u>confined space</u> works?</b>	Yes.....	<input type="checkbox"/>	<i>Confirm the controls below</i>
	No.....	<input type="checkbox"/>	<i>Describe suitable controls below</i>
	Partially....	<input type="checkbox"/>	<i>Describe the controls below, plus outline of needed improvements</i>
<b>Description of HSE controls for <u>confined space</u> works, highlighting any need for improvements to be incorporated:</b>			
<b>Supervision Consultant <u>only</u> to complete this section:</b>			
<b>NWC permit required for the <u>confined space</u> works?</b>	Yes.....	<input type="checkbox"/>	<i>Inform the Contractor and the NWC CBU Project HSE Specialist</i>
	No.....	<input type="checkbox"/>	<i>The confined space works can proceed without NWC permit</i>
	N/A....	<input type="checkbox"/>	<i>It is clear there are no confined space works in the Method Statement</i>
Name		Date	Signature
Supervision Consultant			



**(5) SCAFFOLDING**

Refer to 'HSE Guideline for Construction Sites – Scaffolding' for details of NWC's requirements.

This is document number PMF-017-HSE-140 and is a supporting document from Section 15 of the Project Management Manual.

<b>Does the Method Statement require scaffolding works?</b>	Yes.....	<input type="checkbox"/>	Go to the next question
	No.....	<input type="checkbox"/>	Go to Section (6) Mechanical Lifting
	Unclear....	<input type="checkbox"/>	Clarify with the author and revise/reissue as required
<b>Does the Method Statement describe adequate HSE controls with respect to scaffolding works?</b>	Yes.....	<input type="checkbox"/>	Confirm the controls below
	No.....	<input type="checkbox"/>	Describe suitable controls below
	Partially....	<input type="checkbox"/>	Describe the controls below, plus outline of needed improvements

**Description of HSE controls for scaffolding works, highlighting any need for improvements to be incorporated:**

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**Supervision Consultant only to complete this section:**

<b>NWC permit required for the scaffolding works?</b>	Yes.....	<input type="checkbox"/>	Inform the Contractor and the NWC CBU Project HSE Specialist
	No.....	<input type="checkbox"/>	The scaffolding works can proceed without NWC permit
	N/A....	<input type="checkbox"/>	It is clear there are no scaffolding works in the Method Statement

Name	Date	Signature

Supervision Consultant

**(6) MECHANICAL LIFTING**

Refer to 'HSE Guideline for Construction Sites – Mechanical Lifting' for details of NWC's requirements.

This is document number PMF-017-HSE-150 and is a supporting document from Section 15 of the Project Management Manual.

<b>Does the Method Statement require mechanical lifting activities?</b>	Yes.....	<input type="checkbox"/>	Go to the next question
	No.....	<input type="checkbox"/>	Go to Section (7) Material Handling, Storage, Use and Disposal
	Unclear....	<input type="checkbox"/>	Clarify with the author and revise/reissue as required
<b>Does the Method Statement describe adequate HSE controls with respect to mechanical lifting activities?</b>	Yes.....	<input type="checkbox"/>	Confirm the controls below
	No.....	<input type="checkbox"/>	Describe suitable controls below
	Partially....	<input type="checkbox"/>	Describe the controls below, plus outline of needed improvements



<b>Description of HSE controls for <u>mechanical lifting</u> activities, highlighting any need for improvements to be incorporated:</b>			
<b>Supervision Consultant <u>only</u> to complete this section:</b>			
<b>NWC permit required for the <u>mechanical lifting</u> activities?</b>	Yes.....	<input type="checkbox"/>	<i>Inform the Contractor and the NWC CBU Project HSE Specialist</i>
	No.....	<input type="checkbox"/>	<i>The mechanical lifting activities can proceed without NWC permit</i>
	N/A....	<input type="checkbox"/>	<i>It is clear there are no mechanical lifting activities in the Method Statement</i>
Name		Date	Signature
Supervision Consultant			
<b>(7) MATERIAL HANDLING, STORAGE, USE &amp; DISPOSAL</b>			
<i>Refer to 'HSE Guideline for Construction Sites – Material Handling, Storage, Use &amp; Disposal' for details of NWC's requirements. This is document number PMF-017-HSE-160 and is a supporting document from Section 15 of the Project Management Manual.</i>			
<b>Does the Method Statement require <u>material handling, storage, use and disposal</u> activities?</b>	Yes.....	<input type="checkbox"/>	<i>Go to the next question</i>
	No.....	<input type="checkbox"/>	<i>Go to Section (8) Safe Use of Electricity</i>
	Unclear....	<input type="checkbox"/>	<i>Clarify with the author and revise/reissue as required</i>
<b>Does the Method Statement describe adequate HSE controls with respect to <u>material handling, storage, use and disposal</u> activities?</b>	Yes.....	<input type="checkbox"/>	<i>Confirm the controls below</i>
	No.....	<input type="checkbox"/>	<i>Describe suitable controls below</i>
	Partially....	<input type="checkbox"/>	<i>Describe the controls below, plus outline of needed improvements</i>
<b>Description of HSE controls for <u>material handling, storage, use and disposal</u> activities, highlighting any need for improvements to be incorporated:</b>			
<b>Supervision Consultant <u>only</u> to complete this section:</b>			
<b>NWC permit required for the <u>material handling, storage, use and disposal</u></b>	Yes.....	<input type="checkbox"/>	<i>Inform the Contractor and the NWC CBU Project HSE Specialist</i>



activities?	No.....	<input type="checkbox"/>	<i>The material handling, storage, use and disposal activities can proceed without NWC permit</i>
	N/A....	<input type="checkbox"/>	<i>It is clear there are no material handling, storage, use and disposal activities in the Method Statement</i>
Name		Date	Signature
Supervision Consultant			

### (8) SAFE USE OF ELECTRICITY

Refer to 'HSE Guideline for Construction Sites – Safe Use of Electricity' for details of NWC's requirements. This is document number PMF-017-HSE-170 and is a supporting document from Section 15 of the Project Management Manual.

Does the Method Statement require <u>use of electricity</u> ?	Yes.....	<input type="checkbox"/>	<i>Go to the next question</i>
	No.....	<input type="checkbox"/>	<i>Go to Section (9) Concrete and Masonry Construction</i>
	Unclear....	<input type="checkbox"/>	<i>Clarify with the author and revise/reissue as required</i>
Does the Method Statement describe adequate HSE controls with respect to <u>use of electricity</u> ?	Yes.....	<input type="checkbox"/>	<i>Confirm the controls below</i>
	No.....	<input type="checkbox"/>	<i>Describe suitable controls below</i>
	Partially....	<input type="checkbox"/>	<i>Describe the controls below, plus outline of needed improvements</i>

**Description of HSE controls for use of electricity, highlighting any need for improvements to be incorporated:**

**Supervision Consultant only to complete this section:**

NWC permit required for the <u>use of electricity</u> ?	Yes.....	<input type="checkbox"/>	<i>Inform the Contractor and the NWC CBU Project HSE Specialist</i>
	No.....	<input type="checkbox"/>	<i>The use of electricity can proceed without NWC permit</i>
	N/A....	<input type="checkbox"/>	<i>It is clear there is no use of electricity in the Method Statement</i>

Name		Date	Signature
Supervision Consultant			

### (9) CONCRETE AND MASONRY CONSTRUCTION

Refer to 'HSE Guideline for Construction Sites – Concrete and Masonry Construction' for details of NWC's requirements. This is document number PMF-017-HSE-180 and is a supporting document from Section 15 of the Project Management Manual.

Does the Method Statement require <u>concrete and masonry construction</u>	Yes.....	<input type="checkbox"/>	<i>Go to the next question</i>
	No.....	<input type="checkbox"/>	<i>Go to Section (10) Welding &amp; Cutting Works</i>



<b>works?</b>	Unclear....	<input type="checkbox"/>	<i>Clarify with the author and revise/reissue as required</i>
<b>Does the Method Statement describe adequate HSE controls with respect to <u>concrete and masonry construction works</u>?</b>	Yes.....	<input type="checkbox"/>	<i>Confirm the controls below</i>
	No.....	<input type="checkbox"/>	<i>Describe suitable controls below</i>
	Partially....	<input type="checkbox"/>	<i>Describe the controls below, plus outline of needed improvements</i>
<b>Description of HSE controls for <u>concrete and masonry construction works</u>, highlighting any need for improvements to be incorporated:</b>			
<b>Supervision Consultant <u>only</u> to complete this section:</b>			
<b>NWC permit required for the <u>concrete and masonry construction works</u>?</b>	Yes.....	<input type="checkbox"/>	<i>Inform the Contractor and the NWC CBU Project HSE Specialist</i>
	No.....	<input type="checkbox"/>	<i>The concrete and masonry construction works can proceed without NWC permit</i>
	N/A....	<input type="checkbox"/>	<i>It is clear there are no concrete and masonry construction works in the Method Statement</i>
Name		Date	Signature
Supervision Consultant			
<b>(10) WELDING &amp; CUTTING WORKS</b>			
<p>Refer to 'HSE Guideline for Construction Sites – Welding &amp; Cutting Works' for details of NWC's requirements. This is document number PMF-017-HSE-190 and is a supporting document from Section 15 of the Project Management Manual.</p>			
<b>Does the Method Statement require <u>welding and cutting works</u>?</b>	Yes.....	<input type="checkbox"/>	<i>Go to the next question</i>
	No.....	<input type="checkbox"/>	<i>Go to Section (11) Waste Management</i>
	Unclear....	<input type="checkbox"/>	<i>Clarify with the author and revise/reissue as required</i>
<b>Does the Method Statement describe adequate HSE controls with respect to <u>welding and cutting works</u>?</b>	Yes.....	<input type="checkbox"/>	<i>Confirm the controls below</i>
	No.....	<input type="checkbox"/>	<i>Describe suitable controls below</i>
	Partially....	<input type="checkbox"/>	<i>Describe the controls below, plus outline of needed improvements</i>



Description of HSE controls for <u>welding and cutting</u> works, highlighting any need for improvements to be incorporated:			
Supervision Consultant <u>only</u> to complete this section:			
NWC permit required for the <u>welding and cutting</u> works?	Yes.....	<input type="checkbox"/>	Inform the Contractor and the NWC CBU Project HSE Specialist
	No.....	<input type="checkbox"/>	The welding and cutting works can proceed without NWC permit
	N/A....	<input type="checkbox"/>	It is clear there are no welding and cutting works in the Method Statement
Name		Date	Signature
Supervision Consultant			
(11) WASTE MANAGEMENT			
Refer to 'HSE Guideline for Construction Sites – Waste Management' for details of NWC's requirements. This is document number PMF-017-HSE-200 and is a supporting document from Section 15 of the Project Management Manual.			
Does the Method Statement require <u>waste management</u> activities?	Yes.....	<input type="checkbox"/>	Go to the next question
	No.....	<input type="checkbox"/>	Go to Section (12) Work at Height and Fall Prevention
	Unclear....	<input type="checkbox"/>	Clarify with the author and revise/reissue as required
Does the Method Statement describe adequate HSE controls with respect to <u>waste management</u> activities?	Yes.....	<input type="checkbox"/>	Confirm the controls below
	No.....	<input type="checkbox"/>	Describe suitable controls below
	Partially....	<input type="checkbox"/>	Describe the controls below, plus outline of needed improvements
Description of HSE controls for <u>waste management</u> activities, highlighting any need for improvements to be incorporated:			
Supervision Consultant <u>only</u> to complete this section:			
NWC permit required for the <u>waste management</u> activities?	Yes.....	<input type="checkbox"/>	Inform the Contractor and the NWC CBU Project HSE Specialist



	No.....	<input type="checkbox"/>	<i>The waste management activities can proceed without NWC permit</i>
	N/A....	<input type="checkbox"/>	<i>It is clear there are no waste management activities in the Method Statement</i>
Name		Date	Signature
Supervision Consultant			
<b>(12) WORK AT HEIGHT &amp; FALL PREVENTION</b>			
<p>Refer to 'HSE Guideline for Construction Sites – Work at Height &amp; Fall Prevention' for details of NWC's requirements. This is document number PMF-017-HSE-210 and is a supporting document from Section 15 of the Project Management Manual.</p>			
<b>Does the Method Statement require working at height?</b>	Yes.....	<input type="checkbox"/>	<i>Go to the next question</i>
	No.....	<input type="checkbox"/>	<i>Go to Section (13) Emergency Preparedness and Response</i>
	Unclear....	<input type="checkbox"/>	<i>Clarify with the author and revise/reissue as required</i>
<b>Does the Method Statement describe adequate HSE controls with respect to working at height?</b>	Yes.....	<input type="checkbox"/>	<i>Confirm the controls below</i>
	No.....	<input type="checkbox"/>	<i>Describe suitable controls below</i>
	Partially....	<input type="checkbox"/>	<i>Describe the controls below, plus outline of needed improvements</i>
<b>Description of HSE controls for <u>working at height</u>, highlighting any need for improvements to be incorporated:</b>			
<b>Supervision Consultant <u>only</u> to complete this section:</b>			
<b>NWC permit required for the <u>working at height</u>?</b>	Yes.....	<input type="checkbox"/>	<i>Inform the Contractor and the NWC CBU Project HSE Specialist</i>
	No.....	<input type="checkbox"/>	<i>The working at height can proceed without NWC permit</i>
	N/A....	<input type="checkbox"/>	<i>It is clear there is no working at height in the Method Statement</i>
Name		Date	Signature
Supervision Consultant			
<b>(13) EMERGENCY PREPAREDNESS AND RESPONSE</b>			
<p>Refer to 'HSE Guideline for Construction Sites – Emergency Preparedness and Response' for details of NWC's requirements. This is document number PMF-017-HSE-220 and is a supporting document from Section 15 of the Project Management Manual.</p>			
<b>Does the Method Statement require emergency preparedness and</b>	Yes.....	<input type="checkbox"/>	<i>Go to the next question</i>
	No.....	<input type="checkbox"/>	<i>Go to Section (14) Machinery, Tools and Equipment</i>



<b>response?</b>	Unclear....	<input type="checkbox"/>	<i>Clarify with the author and revise/reissue as required</i>
<b>Does the Method Statement describe adequate HSE controls with respect to <u>emergency preparedness and response?</u></b>	Yes.....	<input type="checkbox"/>	<i>Confirm the controls below</i>
	No.....	<input type="checkbox"/>	<i>Describe suitable controls below</i>
	Partially....	<input type="checkbox"/>	<i>Describe the controls below, plus outline of needed improvements</i>
<b>Description of HSE controls for <u>emergency preparedness and response</u>, highlighting any need for improvements to be incorporated:</b>			
<b>Supervision Consultant <u>only</u> to complete this section:</b>			
<b>NWC permit required for <u>emergency preparedness and response?</u></b>	Yes.....	<input type="checkbox"/>	<i>Inform the Contractor and the NWC CBU Project HSE Specialist</i>
	No.....	<input type="checkbox"/>	<i>The emergency preparedness and response can proceed without NWC permit</i>
	N/A....	<input type="checkbox"/>	<i>It is clear there is no emergency preparedness and response in the Method Statement</i>
Name		Date	Signature
Supervision Consultant			
<b>(14) MACHINERY, TOOLS &amp; EQUIPMENT</b>			
Refer to 'HSE Guideline for Construction Sites – Machinery, Tools and Equipment' for details of NWC's requirements. This is document number PMF-017-HSE-110 and is a supporting document from Section 15 of the Project Management Manual.			
<b>Does the Method Statement require working with <u>machinery, tools and equipment?</u></b>	Yes.....	<input type="checkbox"/>	<i>Go to the next question</i>
	No.....	<input type="checkbox"/>	<i>End of HSE Assessment</i>
	Unclear....	<input type="checkbox"/>	<i>Clarify with the author and revise/reissue as required</i>
<b>Does the Method Statement describe adequate HSE controls with respect to working with <u>machinery, tools and equipment?</u></b>	Yes.....	<input type="checkbox"/>	<i>Confirm the controls below</i>
	No.....	<input type="checkbox"/>	<i>Describe suitable controls below</i>
	Partially....	<input type="checkbox"/>	<i>Describe the controls below, plus outline of needed improvements</i>



Description of HSE controls for working with machinery, tools and equipment, highlighting any need for improvements to be incorporated:

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**Supervision Consultant *only to complete this section:***

<b>NWC permit required for the working with <u>machinery, tools and equipment</u>?</b>	Yes.....	<input type="checkbox"/>	<i>Inform the Contractor and the NWC CBU Project HSE Specialist</i>
	No.....	<input type="checkbox"/>	<i>The use of machinery, tools and equipment can proceed without NWC permit</i>
	N/A....	<input type="checkbox"/>	<i>It is clear there is no use of machinery, tools and equipment in the Method Statement</i>
Name		Date	Signature
Supervision Consultant			