Risk Assessment (RA) and Method Statement (MS)

Company Name: Concorde Blinds Direct Ltd.	**Company Address:** 4 Sunbeam Road, Woburn Road Ind. Est. Bedford, MK42 7BY
Contact Name: Kieren Wills	
Description of Work Activity: Install blinds in multiple rooms on 2nd floor	**Address of Works:** Amazon Delivery, LTN 4, Luton Road, Dunstable, LU5 4GB
Date RA and/or MS Produced: 14/03/2023	
Date Work Will Begin: 21/03/2023	**Order Ref:** 05782

HAZARDS IDENTIFIED	INITIAL RISK	CONTROL MEASURE	REDUCED RISK
Operatives falling from height	4	Ensure all fitters have sufficient equipment. All fitters hold CSCS cards and have understanding of working at height. Minimise duration of time working on step ladders by preparing all tools / equipment prior to stepping up.	1
Materials falling from height	4	Ensure fitters are experienced with all tools used. Minimise quantity of materials taken up to working height.	1
Safe delivery of materials and equipment to the place of work	2	Make sure all pathways are clear before bringing equipment to working area. Ensure all packaging is secure. Reduce the amount carried by performing numerous trips to get all required materials to work space safely.	1
Manual handling	2	Fitters are aware of correct manual handling practice. Weight of equipment reduced by limiting the number of products packaged together.	1
Noise and/or Vibration Control	2	Ensure noise kept to a minimum. Inform others within working area when noise or vibration is about to occur.	1
Protection of members of the public	2	Ensure pathways are clear when unloading van. Tools only to be used when on site.	1
Waste removal and disposal	2	All waste / packaging to be removed from site once work is finished. Clear each workspace as soon as each blind is installed so no packaging is left behind.	1
Appropriate Personal Protective Equipment	2	PPE to be worn on site if required. Adhere to site specific regulations.	1

Risk based on scale of 1 (Low) – 5 (High)

WORK ACTIVITIES:
Installation of new Roller blinds. The blinds to be top fixed into window reveal.
General Tools: Equipment required to complete installation – Pencil, Scissors, Screwdriver, Battery Drill, Screws.
Battery Tools: To be inspected by qualified personnel before use.
Step Ladders / Platform: Will be used to access where necessary.
Appropriate Personal Protective Equipment: Hard hat, high visibility vest, steel toe cap boots, gloves – if required – all provided by Concorde Blinds Direct Limited.

WORKING HOURS
The work will be carried out during the day (date and time to be arranged with Site contact). The general working hours will be 8.30am to 5pm.

NOISE CONTROL
Concorde Blinds Direct Limited will carry out the work with the minimum of noise and inconvenience.

DELIVERIES
Are programmed during normal working hours, goods to be taken to site by employees of Concorde Blinds Direct Limited.
Satisfactory arrangements for the safe installation of goods to be agreed with the main contractor.

WASTE
Upon completion of the installation, Concorde Blinds Direct Limited will remove their rubbish from site or earlier if appropriate.

CHILD SAFETY
Blinds not required to be child safe as there will be no visitors under the age of 48months in the office space.

PROTECTION
Concorde Blinds Direct Limited will make reasonable efforts to protect finished products.

ACCESS
It is assumed that access to all necessary areas will be allowed and that special restrictions do not apply.

FOOD & DRINK
Food and drink will not be consumed on site, if so, it will be in the site designated area.

PARKING
Parking as directed by site contact.

INCIDENTS \ ACCIDENTS

Any accident or incident of any kind will be reported to the Site contact and recorded in the relevant books. First aid provided by site.

DECLARATION

I confirm that I have read and understand the Risk Assessment and Method Statement for this project. Any queries I have I will raise immediately and postpone performing the job until I am happy that all risk has been assessed and reduced where possible. If I notice any further risk, I will report this straight away.

Signature: ……

Name: ……..

Date: ……

Signature: ……

Name: ……..

Date: ……

Signature: ……

Name: ……..

Date: ……