



Machine & Supply, Inc.
Responsive Solutions for Industry Since 1907

Contractor Work-Site Safety Planning Package

Work Method Statement:

Respond to the following questions: [use additional space where required]

This method statement must be completed, signed, and returned to the EHS Director before work commences.

Work Description

Briefly describe the work to be performed on-site.

Aerial Lift

Will the work you perform require the use of an aerial lift? YES NO
IF YES, how will the risk for a fall be eliminated or greatly minimized?

Chemicals

Will the work to be performed require the use of chemicals? YES NO
IF YES, what precautions will be taken to ensure the safe handling of chemicals and compressed gases to prevent injury?

Confined Space

Will the work you perform require entry into a confined space? YES NO
IF YES, what precautions will be taken to ensure that the space is safe and that risk of injury is minimized?

Hazardous Energy

Will the work you perform involve hazardous energy? YES NO
IF YES, explain how all energy sources will be controlled to prevent injury:



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Fall Protection

Will the work you perform create an opportunity for a fall? YES NO

IF YES, how will the risk for a fall be eliminated or greatly minimized?

Forklift

Will the work you perform require the use of a forklift? YES NO

IF YES, what precautions will be taken to prevent injury?

Hand and Portable Power Tools

Will the work you perform require the use of hand and portable power tools? YES NO

IF YES, describe the precautions that will be taken to prevent injury:

Lifting and Rigging

Will the work you perform require rigging and lifting? YES NO

IF YES, Describe the precautions that will be taken to rig and lift in such a way that the objects being lifted cannot fall:

Overhead Crane and Hoists

Will the work you perform require the use of overhead cranes, hoists, or other types of lifting equipment? YES NO

IF YES, Describe the precautions that will be taken to prevent injury:



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Personal Protective Equipment

What PPE will be worn to protect all employees from injuries to the head, eyes, hearing, face, respiratory system, hands, and feet?

Welding, Cutting, and Brazing (Hot Work)

Will the work you perform require welding, cutting, or brazing? YES NO

IF YES, describe the precautions that will be taken to prevent injury and minimize the risk of fire:

Training

Your employees should be trained on the proper handling of materials and equipment, and the proper response to incidents involving these materials. Describe the training your employees have received:

Other

Are there any other ways in which your work could create an opportunity for injury? YES NO

If so, please describe below.

Other

Describe methods to prevent injury to those not involved in the work such as other employees, visitors, contractors, etc.

Contractor Signature:		Date:	
Approval Certification Signature: (Atlas Project Lead or Safety)		Date:	