


# Method Statement.

Event:

Stand Name:

Stand Contractor:

## Description of Works

|                   |   |
|-------------------|---|
| Task              |   |
| Build Dates       |   |
| Duration of works |   |
| Sequence          |                  |
| Location          | The Convention Centre Dublin.<br>Spencer Dock<br>North Wall Quay<br>Dublin 1<br>D01 T1W6<br>Ireland |

**DATE:**

**REVISION NUMBER:**

## Method Statement.

Event:

Stand Name:

Stand Contractor:

Equipment/Tools to be used

|  |
|--|
|  |
|--|

Personal Protective Equipment to be used

|                             |  |
|-----------------------------|--|
| Required by law             | S1P rated safety boots, high visibility vest |
| Required by Risk Assessment |  |

Control Measures to be used

|                  |  |
|------------------|--|
| Permits/Licenses |  |
| Security         |  |
| Special training |  |
| Other            |  |

Emergency Arrangements

|            |   |
|------------|---|
| Evacuation | To follow the Conventions Centre Dublin emergency evacuation plan |
| Rescue     |   |
| First Aid  |   |

Confirmation of operatives that have been briefed on this method statement

| Name | Position | Company |
|------|----------|---------|
|      |          |         |
|      |          |         |
|      |          |         |
|      |          |         |
|      |          |         |

Monitoring and Compliance

|  |   |
|--|---|
|  | Is responsible for monitoring that this method statement is complied with.                        |
|  | Is responsible for supervising on-site staff.   |
|  | Is who will submit information to the CCD for changing requirements/design. Include Email Address |

DATE:

REVISION NUMBER: