

Section 1 Title & Index

Method Statement for Non-Licensed Work with Asbestos Containing Materials
Work which does not require Enclosures or Air Monitoring
(Incorporating Risk Assessment)
For
Grafton Lock House, off Langley Lane, Clanfield. OX18 2RY



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Other Relevant Site-Specific Information

POW Acknowledgements

Certificate of Completed Works

Site Register & Daily Personal Checks



Section 2 | Site Introduction & Scope of Works

2.1 | Asbestos Removal Contractor Details

Amity Group,
Windrush House,
Lynch Hill,
Stanton Harcourt, Witney
Oxon, OX29 5BB

Tel: 01865 733733
Email: admin@amitygroup.co.uk
Web: www.amitygroup.co.uk

2.3 | **Property Type:** Domestic

2.4 | **Method of Works Prepared by:** A Nixey

2.5 | **Method of Work Reviewed and Authorised By:** A Nixey

Name:

Position:

Signed:

2.6 | **Has a Pre-Contract Site Visit Been Carried Out with The
Removal Supervisor?**

No

If Yes, Provide Supervisor Name: N/A

Date of Pre-Contract Site Visit: N/A

2.7 | **Asbestos Type** Chrysotile Alone

2.8 | **ACM Condition** (at time of assessment): Poor Condition

2.9 | **Type of Notification Applicable:** Not Required For These Works

2.10 | **Scope of Works & Exact Work Location**

(Provide detailed descriptions of ACM condition, how it is fixed and how it will be removed)

External

To collect & dispose of timber wall panel and asbestos cement debris

Approx. 2.5 m2

Work to be carried out under locally controlled conditions.

Section 3 Sequence of Works with ACM's

3.1 Site Setup (including site access arrangements)

-
-
- Access Lock house via track off Langley Lane,
- Contact site foreman Paul Simpson on arrival to access gate
- Park vehicle as close as possible to lock house
-
- Cordon areas off using barrier tape and warning signs.
- Designate safe location to don PPE

3.2 Removal Methods

- Carefully uplift timber wall panel with asbestos cement in situ
- Place all waste directly into approved waste bags and tape seal.
- Carry out visual inspection to check areas have been cleaned thoroughly and floor surfaces are free from debris

3.3 Final Stages Following Asbestos Removal

Supervisor to thoroughly inspect works have been carried out thoroughly.
Remove warning tapes and signs.
Leave site clean & tidy.
Transport waste to Amity Transfer Station for disposal.



Track leading to Lock off Langley Lane

Section 6 Details of Contract & Site Arrangements

Amendment Number: 1
Revision Number: 3.0
Form Number 002

Issued By: Operations Director
Issue Date: February 2021
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Method Statement for Work with
Asbestos Containing Materials
(Incorporating Risk Assessment)

Job Number	ASBR/21561a
Project Manager	Andrew Nixey
Page Number	Page 4 of 12
Date of Assessment	12/08/2021

6.1 | Client Details

Client: Fergal Contracting
Contact: Alan Legge | **Contact No:** 07530 260811

6.2 | Site Details

Contact: Paul Simpson | **of** Fergals
Contact No:
Address: Grafton Lock House, off Langley Lane, Clanfield. OX18 2RY

6.3 | Project Manager Responsible for Contract Andrew Nixey - 07917 863249

6.4 | Site Supervisor for Contract | Paul Davies – 07988 784944

6.5 | Minimum No. of Employees on Site: | 2

6.6 | Working Shifts

Days: | Weekdays Only
Working Hours | 8.00 - 12.30 | **If out of Hours, Please Specify Here:** |

6.7 | Contract Dates

Site Set Up Will Commence:	08/09/2021
Asbestos Removal Will Commence:	08/09/2021
Completion Date	08/09/2021

6.10 | Arrangements for Handling Unavoidable Changes to the Plan of Work

- Cease all works, site supervisor to liaise with the Project Manager (Section 6.4) or Operations director in his absence immediately. Amendments to be made by the site supervisor only once agreed with the Project Manager or Operations Director.

6.11 | Agreed Location of Site Welfare Facilities

Toilets: | Site facilities may be used follow covid procedures
Break & Lunch Area: |

6.12 | Arrangements for Water & Power Supplies (including locations)

Power Supply	Various points
Water Supply	Kitchen & Bathroom

Section 7 | Exposure Control, Decontamination & Waste Disposal

7.2 | Exposures

Expected Exposure Levels: <0.02f/ml
Basis of Exposures: Personal Sampling on Similar Works

7.3 | Containment Method (to comply with CAR Reg 16): Delineated Work Area(s)

7.7 | Type of RPE To Be Used at Each Stage

Pre-Clean: Half Mask (P3 Filter) - APF 2f/ml	Forming Enclosure: N/A
Removal Works: Half Mask (P3 Filter) - APF 2f/ml	Waste Transit: Half Mask (P3 Filter) - APF 2f/ml

7.8 | Overall Colour Code for Different Work Phases (as Per Company Procedures Version 12 Amendment 1)

Site Setup: White
If N/A Please State Reason: Shadow techniques working

Removal Works: White

Waste Transfer: White
If N/A Please State Reason:

7.9 | Methods of Wrapping or Bagging, Storage & Transport of Asbestos Waste

1. Waste is to be bagged in UN approved red waste sacks immediately after it has been removed then placed within secondary UN approved clear waste sack within the waste lock or dedicated area of the airlock in the absence of a waste lock.
2. Asbestos must not be broken if it is larger than the waste sack. In this instance it must be double wrapped in 1000-gauge polythene.
3. When removing waste from the enclosure it must be double bagged – the outer bag being transparent/clear.
4. Waste must not be allowed to accumulate within the work enclosure. It must be removed and placed in a secure area prior to waste transit.
5. Waste is to be transported along the 'waste route' as per specific site drawing. All waste will be taken to a licensed landfill site along with a Consignment Note (as specified by Hazard Waste Regulations) and enclosed in a suitable asbestos waste skip or sealed van.

Bagging/Wrapping Techniques: Asbestos waste to be placed into approved waste bags.

Storage of Waste: All waste to be transferred to waste vehicle

Transiting of Waste: Supervisor to check clear of personnel before proceeding

Waste Disposal: Amity waste vehicle to deliver to Amity Transfer station

7.10 | Expected Quantities of Waste: 6 bags /parcels

Section 8

Company Procedures Applicable to This Contract

8.1 General Procedures for Removal of ACM's – Refer to latest Asbestos Procedure Manual
(tick applicable box for procedures to be used on this specific contract)

Procedure Manual Section	Procedure Manual Title	Applicable
2.3	The Hygiene Unit (DCU) & Decontamination Facilities	<input type="checkbox"/>
2.4	Personal Protective Equipment	<input checked="" type="checkbox"/>
2.5	Respiratory Protective Equipment	<input checked="" type="checkbox"/>
2.6	Pre-Cleaning	<input checked="" type="checkbox"/>
2.7	Tented Enclosure & Work Areas	<input type="checkbox"/>
2.8	Exhaust Ventilation	<input type="checkbox"/>
2.9	Type H Vacuum Cleaners	<input checked="" type="checkbox"/>
2.10	Airborne Asbestos Fibre Measurement	<input type="checkbox"/>
2.11	Operatives Changing & Transiting	<input checked="" type="checkbox"/>
2.12	Use of Spray Adhesives	<input type="checkbox"/>
2.13	Controlled Wetting & Dust Suppression of ACM's	<input type="checkbox"/>
2.14	Safe Handling & Disposal of Waste	<input checked="" type="checkbox"/>
2.15	Emergencies within the Enclosure	<input type="checkbox"/>
2.16	Completion of Works & Handover	<input checked="" type="checkbox"/>
2.17	Site Documentation Held on Site	<input checked="" type="checkbox"/>
3.0 – 3.16	On-Site Sequence of Works	<input checked="" type="checkbox"/>



Section 9

Emergency Details & Associated Risks (including risk controls)

9.1 | A Site-Specific Risk Assessment Has Been Carried Out? | Yes ☐ or No ☒

If YES, a copy of the risk assessment is to accompany this document.

If NO, please provide details why?

9.2 | Work at Height: | Yes ☐ or No ☒

Equipment Required | Details of Use (including dimensions of equipment)

- ☐ Podium Steps:
- ☐ Steps:
- ☐ Ladder:
- ☐ Mobile Tower:
- ☐ Fixed Scaffold:
- ☐ MEWP's:
- ☐ Other:

9.3 | Site Emergency Details

Nearest A & E:	JR 2 Headley Way, Oxford.
Emergency Number:	999
On Site First Aider:	Yes <input checked="" type="checkbox"/> or No <input type="checkbox"/> Name of First Aider: Paul Davies
First Aid Supply Location:	Amity Van
Fire Procedure & Alarm:	Vacate immediately & Raise alarm audibly to other flats
Assembly Point:	Designate safe location external to property

9.4 | Is There Thermal Stress Within the Vicinity of The Work Area? | Yes ☐ or No ☒

Provide Control Details If Yes: Click or tap here to enter text.

9.5 | Location of Isolating Valves for the Following Services

Gas Isolation Valve:	N/A
Water Isolation Valve:	TBA
Electrical Isolation Switch:	TBA



Section 10

Consumables, Tools & Equipment Required

10.1 | Additional PPE Required:

High Visibility Jackets ☐

Hard Hat ☐

Glazing Gloves & Wrist
Protection ☐

Ear Defenders ☐

General Work Gloves ☒

Safety Boots ☒

Eye Protection / Safety Glasses
☒

Extreme Cold Clothing ☐

Chemical Protection Clothing ☐

Nitrile Disposable Gloves ☐

Safety Harness ☐

Mobile Phone / Walkie-Talkies ☐

Anti-Vibration Gloves ☐

Heat Monitoring Equipment ☐

Gas Monitor ☐

Remarks / Additional Equipment Required (not listed above): Click or tap here to enter text.

10.2 | Special Equipment / Tools (i.e. Tools/equipment which may require hiring)

Floor tile lifter

10.3 | Temporary Lighting
Required?

Yes ☐ or No
☒

Type &
Quantity:

Click or tap here to enter text.

10.4 | Electrical Leads Required?

Yes ☒ or No ☐

Type & Quantity:
Protection
Required?

2 x 110v

Yes ☐ or No ☒ (provide details if YES):

10.5 | Water Pump
Required?

Yes ☐ or No
☒

Info:

10.6 | Water Hose
Required?

Yes ☐ or No
☒

Info:



Section 11 POW Acknowledgements

ALL PERSONNEL ON SITE MUST SIGN BELOW TO SAY THEY HAVE READ AND UNDERSTOOD THIS METHOD STATEMENT.

Site Supervisor Name(s)	Signature of Acknowledgement	Date

Site Operative Name(s)	Signature of Acknowledgement	Date



Method Statement for Work with
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(Incorporating Risk Assessment)

Job Number ASBR/21561a

Project Manager Andrew Nixey

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Date of Assessment 12/08/2021

Section 12

Certificate of Completed Works

The foregoing work has been carried out in accordance with our Company Quality Assurance Operating Procedures and is now handed over as completed in accordance with our interpretation of the Client specified requirements.

Final Inspection on Behalf of Amity Group

Checked and Inspected on Behalf of the Client

Signed:

Signed:

Print Name:

Print Name:

Date:

Date:

Designation:

Designation:

Approved By:

Air Test Certificate Issued and Copy Left On-Site: Yes ☐ or No ☐

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Section 13

Site Register & Daily Personnel Check - Additional Site Register Sheets Attached? Yes ☐ No ☐ If Yes Number of Additional Sheets: _____

Date	Name of Person Being Exposed	Understands Method? (initial of operative)	Site Attendance		Task (See Below*)	ACM (See Below**)	Fixing (See Below***)	Time Exposed to Asbestos	Expected Exposure Levels	Personal Monitor Test (if applicable)	RPE CHECKS													
			Arrive	Leave							FULL FACE MASKS ONLY						ALL MASKS (ORINASAL & FULL FACE)							
											Operative to initial each check	Mask Ref	Motor Number	Visor	Hoses	Battery Case	Flow Rate	clean	Harness	Filter Housing	Filter	Face Piece Seal	Face Fit Test	

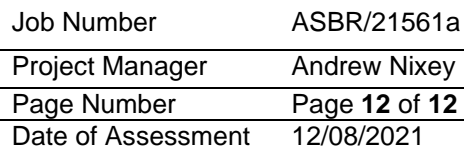
* Drilling, Encapsulation, Enclosure Construction, Removal, Waste Run, Injecting.

**AIB, AIB/Millboard, Artex, CAF Gaskets, Cement, Cement Products, Contaminated Land, Floor Tiles, Galbestos, Insulation (Pipe etc.), Insulation (Acoustic), Insulation (Sprayed), Textured Coating, Other Plastics / Composites, Paper, Woven / Textiles.

***Bolt, Coating, Debris, Glue, Hard Set, N/A, Nail, Residue, Screw, Sectional.

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