**This is a RAMS (Risk Assessment and Method Statement) Approval Form** and is to be used in conjunction with [UCL Project Procedures](https://www.ucl.ac.uk/estates/sites/estates/files/project_procedures_0.doc) and [UCL EHS Rules for contractors](https://www.ucl.ac.uk/estates/sites/estates/files/ehs_rules_for_contractors_revision_6.0.pdf).

You **MUST** check that the contractor is approved to undertake work for UCL and that a valid purchase order is in place.

**ALL RAMS NEED TO BE APPROVED** by the Principal Contractor / Contractor before submission to the Client Manager or appointed Project Manager for review prior to work starting.

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| **Contractor** | **Scope of work** | | | **Start**  **date** | | | **Finish date** | |
|  |  | | |  | | |  | |
| **CONSIDERATIONS** (to be addressed by Manger) | | | | **Y**  **(OK)** | | **N**  **(Fail)** | | **N/A**  **(OK)** |
| 1. Has the contractor’s RAMS been fully considered in-line with on-site expectations? | | | |  | |  | |  |
| 2. Has site access, site set-up, welfare arrangements, waste removal, staff/student/public interface, specific work at height solutions and all on-site rules been discussed with the contractor? | | | |  | |  | |  |
| 3. Has the contractor made provisions for their own work supervision? | | | |  | |  | |  |
| 4. Method Statements reviewed and adequate | | | |  | |  | |  |
| 5. Risk Assessments reviewed and adequate | | | |  | |  | |  |
| 6. CoSHH Assessments reviewed and adequate | | | |  | |  | |  |
| 7. Noise Assessments reviewed and adequate | | | |  | |  | |  |
| 8. Hand Arm Vibration reviewed. | | | |  | |  | |  |
| 9. Manual Handling reviewed. | | | |  | |  | |  |
| 10. Working at Height reviewed. | | | |  | |  | |  |
| 11. Are details of Plant and Equipment identified for the activity adequate. | | | |  | |  | |  |
| 12. Mandatory Training Certificates & required training for the project reviewed.  Current Asbestos Awareness Training and certificates reviewed (within 12 months) &  adequate. | | | |  | |  | |  |
| 13. Are any Test Certificates or Assessments required? Eg. Air Clearance, legionella, etc. | | | |  | |  | |  |
| 14. Are Confined Spaces a consideration. | | | |  | |  | |  |
| 15. Are any Lifting Plans required. | | | |  | |  | |  |
| 16. Will any Young Persons be engaged in the work. | | | |  | |  | |  |
| 17. Waste Management arrangements reviewed. | | | |  | |  | |  |
| 18. Delivery to Site (Wide loads/offloading etc). | | | |  | |  | |  |
| **APPROVAL REVIEW PROCESS**  1. When approved, a copy of this form should be given to the contractor prior to work starting on site.  2. Where problems or deficiencies are identified the form should **NOT** be signed, and work **MAY NOT** begin.  3. A copy of the form should be given to the subcontractor to inform them of the defects and allow them to take corrective action.  4. Completed forms should be filed with the contractors H&S RAMS documentation. | | | | | | | | |
| **RAMS IMPROVEMENTS REQUIRED**  Detail why the RAMS were not acceptable and what is required for **APPROVAL** | | | | | | | | |
| **Particular** **Circumstances** such as: known asbestos on site, dangerous substances on site, other contractors’ undertakings, moving plant or vehicles on site, confined spaces, hidden traps, dangerous derelict structures or other on-site hazards known  Details here: | | | | | | | | |
| **RAMS APPROVED TO START WORK** | | Name |  | | | | | |
| Position |  | | | | | |
| Signed |  | | | | | |
| Date |  | | | | | |
| **Contractor Operative sign off** | | “I understand the site restrictions and hazards and undertake to work in accordance with the agreed RAMS for this work/ project” | | | | | | |
| **Name (Print)** | | Signed by operative | | | Date: | | | |
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