# **Project Risk Assessment and Method Statement**

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| **INSTRUCTIONS** |
| This RAMS document is a downloadable template for initial completion by a representative of the organisation in receipt of the timeclock installations. These areas are indicated by “Org Input”. Once completed by the organisation’s representative, please send it as a word document to [support@cubepurple.com](mailto:support@cubepurple.com) where Cube Purple will complete the rest of the form (as indicated by “CP Input”). The completed document will then be sent to the organisation’s representative, and the Cube Purple installer will also have a physical copy of this while on site.  [DELETE THIS INSTRUCTIONS SECTION WHEN SENDING COMPLETED DOC TO ORGANISATION AND PRINTING FOR INSTALLER] |

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| **GENERAL DETAILS** | | | |
| **Project Name:** | ClockedIn Time & Attendance Device Installation | **Project Ref:** | CP Input |
| **Contractor / Subcontractor:** | Cube Purple Limited | **Prepared by:** | Jon House |
| **Method Statement No.** | CP-EP-10 | **Revision No.** | 3 |
| **Method Statement Title:** | Timeclock Installation | **Site Manager:** | Org Input |
| **Site Foreman/Supervisor:** | Mark Shaw | **H&S Representative:** | Mark Shaw / Org Input |
| **Site Address:** | Org Input | **Site Postcode:** | Org Input |

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| **HIGH RISK WORKS** | |
| **High Risk Activity (Y/N):** | No |
| **Recorded on High Risk Register (Y/N):** | No |
| **High Risk Workshop undertaken (Y/N + date):** | No |

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| **DOCUMENT REVIEW** | | | | | | |
| **Reviewed by:** | | | **Signed:** | | **Date:** | **Status:** |
| Mark Shaw | | | Mark Shaw | | 03/03/2023 | 1 |
| Mark Shaw | | | Mark Shaw | | 01/08/2024 | 2 |
|  | | |  | | 02/05/2025 | 3 |
| **SECTION 1: DESCRIPTION OF WORKS (Brief Summary)** | | | | | |
| Installation of Time and Attendance Android and Kiosk | | | | | |
| Unit Type | Quantity | | Power Supply | | |
| CP input – source from data gathering sheet | CP input – source from data gathering sheet | | CP input – source from data gathering sheet | | |

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| **SECTION 2: KEY HAZARDS / RISKS (Refer to Risk Assessment/s)** | |
| Hazards/Risks | Key Controls |
| Electrical Connection via 3-pin plug or connection to a pre-installed Non-Switched Fused Spur | Trained Installer |
| Drill 4 x 6mm holes in wall for mounting kiosk to wall | Trained Installer |

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| **SECTION 3: SEQUENCE OF WORKS (Method)** |
| [CP Input - remove below as applicable]  **FP Unit:**   * Arrive on-site and sign in as per site processes. * Ensure location of installation is safe and ready for installation. * Install angle bracket on wall by drilling 4 holes and affixing angle bracket to wall with 4 rawl plugs and 4 wall screws. * Attach kiosk to angle bracket with 4 screws (included within the Kiosk). * Connect 5 volt charger to power source via 3-pin 240v plug or connect to pre-installed Non-Switched Fused Spur. * Place wire from power source to kiosk in pre-cut plastic conduit or trunking to secure wire. * Place Android tablet into kiosk and plug in charger cable to the tablet. * Place faceplate on to kiosk. * Provide appropriate user training.   **Pro Unit:**   * Arrive on-site and sign in as per site processes. * Ensure location of installation is safe and ready for installation. * Attach Unit backplate to the lid of the wall mount box using the screws provided. * Install wall mount box (without the lid) by drilling 4 holes and affixing to the wall using with 4 rawl plugs and 4 wall screws. * Thread the power cable wire in and out of the holes within the wall box keeping the transformer within the box. * Connect 5 volt charger to power source via 3-pin 240v plug or connect to pre-installed Non-Switched Fused Spur. * Place wire from power source to kiosk in pre-cut plastic conduit or trunking to secure wire * Connect power to the device and place on the backplate, securing it with the bottom screw. * Provide user training.   **FR Unit:**   * Arrive on-site and sign in as per site processes. * Ensure location of installation is safe and ready for installation. * Install wall mount to the wall by drilling 4 holes and affixing to the wall with 4 rawl plugs and 4 wall screws. * Connect 5 volt charger to power source via 3-pin 240v plug. * Place wire from power source to kiosk in pre-cut plastic conduit or trunking to secure wire. * Fix unit to the wall mount using the screws provided. * Provide appropriate user training. |

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| **SECTION 4: SUPERVISOR / LABOUR** | | | |
| **Name:** | **Installer** | **Sole Installer** | **Site Supervisor** |
| Mark Shaw | Checkbox Ticked with solid fill | Checkbox Ticked with solid fill | Checkbox Ticked with solid fill |
| Linas Jaubonis | Checkbox Ticked with solid fill | Checkbox Ticked with solid fill |  |

For low risk projects, it is accepted that a sole installer is competent enough to carry out work without the site supervisor present.

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| **SECTION 5: TEMPORARY WORKS (TW)** |
| * No hot works required * Total Installation time - around 30 -60 minutes per unit |

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| **SECTION 6: PLANT & EQUIPMENT** |
| * **Plant and Equipment required:** * Cordless Drill |
| * **Electrical (include PAT):**   Not required as the protection of appliances marked with this double square symbol is ensured by double insulation and does not require a safety connection to electrical earth or PAT testing  A picture containing picture frame, screenshot  Description automatically generated |
| * **Tools:**   Drill  Crosshead screwdriver – Medium  Electricians Flat-head screwdriver – Small  Small wire cutters  Junior Hacksaw |
| * **Other:**   N/A |

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| **SECTION 7: MATERIALS** | | |
| Please comment “Yes / No” under the pictograms below | | |
| A red diamond with a skull and crossbones  Description automatically generated  Acute Toxicity  Y/N: **No** | A red and black sign  Description automatically generated  Explosive  Y/N: **No** | A red and black sign with a flame in the middle  Description automatically generated  Oxidising  Y/N: **No** |
| A red and black sign with a fire symbol  Description automatically generated  Flammable  Y/N: **No** | A warning sign with a hand and a sausage  Description automatically generated  Corrosive  Y/N: **No** | A black and red sign  Description automatically generated  Gas Under Pressure  Y/N: **No** |
| A sign with a person with pain in his chest  Description automatically generated  Serious Health Hazard  Y/N: **No** | A black exclamation mark in a red diamond  Description automatically generated  Health Hazard  Y/N: **No** | A sign with a tree and a cat  Description automatically generated  Hazardous to the Environment  Y/N: **No** |

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| **Materials required:**  4 x Rawl Plugs  4 x Screws | **Storage:**  Not Required | **Hazardous Substances/SDS:**  None | **Waste Management:**  N/A |

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| **SECTION 8: PPE** | | | | |
| A blue circle with white and black symbols  Description automatically generated  Please insert Y/N in box below | | | | |
| No | No | Yes | No | No |
| Other: e.g. Respiratory, Hearing protection etc. N/A | | | | |

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| **SECTION 9: PERMITS** | | | |
|  | Yes | No | Comments |
| Hotworks: |  | Checkbox Ticked with solid fill |  |
| Excavations: |  | Checkbox Ticked with solid fill |  |
| Roofworks: |  | Checkbox Ticked with solid fill |  |
| Temporary works |  | Checkbox Ticked with solid fill |  |
| Confined Spaces: |  | Checkbox Ticked with solid fill |  |
| Live Services: |  | Checkbox Ticked with solid fill |  |
| Risers/Shafts: |  | Checkbox Ticked with solid fill |  |
| Ladder: |  | Checkbox Ticked with solid fill |  |
| Works in ESB Hazard Zone: |  | Checkbox Ticked with solid fill |  |
| Other: |  | N/A |  |

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| **SECTION 10: THIRD PARTY CO-ORDINATION** |
| * None required – all prerequisite work should be completed before Cube Purple’s Installation visit. This includes power and network connectivity. |

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| **SECTION 11: RISK ASSESMENT** | |
| **Activity** | Installation of Time & Attendance Device |
| **Description** | Installation of Time and Attendance device |
| **Work Start Date** | CP Input |
| **Duration** | 30-60 minutes per unit |

Chart, treemap chart

Description automatically generated

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| Further Assessments required? | |
|  | Health Surveillance |
|  | COSHH |
|  | Manual Handling |
|  | DSE |
|  | Other (please specify |
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| **Hazards Identified** | **Who might be harmed & how** | **Risk Severity** | **Risk Likelihood** | **Risk Score** | **Current Control Measures** | **Improvement Actions** |
| Drill 4 holes in designated wall | Installer – Drill bit could slip during operation | 2 | 2 | 4 | Trained Installer | None |
| Connect unit to power supply via 3-pin plug or Non-Switch Fused Spur | Installer - Electrocution | 4 | 2 | 8 | Trained Installer | None |

I, [CP Input – Installer Name], confirm that I have read and understood this Risk Assessment and Method Statement, and by signing below, I acknowledge my agreement and acceptance.

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| Name | CP Input |
| Position | CP Input |
| Signature | CP Input |
| Date | CP Input |