Event Method Statement

Name/Type of Event:		**Date:**
Description of Event / Works:		
Event Leader(s):		Tel:
Event Support Team / Stewards, if any:		Tel:
Do all stewards have a copy of the Method Statement and Risk Assessment?	Yes / No	
Other partner group(s), if any, and their contact info:		
Open to the public?		
Number of volunteers targeted:		
Do any of the volunteers have special needs (if known)?		
Event Location (including postcode and as much additional info as possible):		
Meeting Point/Set-Up Location (be as specific as		

possible):	
Parking info and public transport links:	
Do you have permission for the event and from whom?	
Litter collection point:	
Who is removing the litter?	
Where/how has the event been advertised?	

Event timetable	**Time**	**Where**	**Who**
Event Team meeting point			
Health & Safety talk			
Event start			
Event Finish			

Hazards associated with works:

- Working on or near water – risk of drowning
- Access and egress to site (e.g. emergency services access)
- Slips, trips and falls
- Risk of illness from contaminated water (Weil's disease etc)
- Injuries from rubbish on the riverbanks and in the river – rusty metal, scaffolding etc.
- Risk of injury from hand tools – spades etc.
- Risk of injury from wasps/bee/insects.

Please include your Risk Assessment.

Methods to be undertaken:

- Emergency services access identified before event and entered on Method Statement and Risk Assessment
- Event to start at **####** am and finish at **####** pm
- Event Leader & Stewards to wear High Vis vests
- Event Leader and stewards (please list names) to set up equipment
- Before volunteers begin work they must be given a Health and Safety talk. They must also sign the Sign In sheet.
- At the end of the event, Event Leader and stewards (please list names) will pack away all equipment.

List of PPE (Personal	

Protective Equipment) needed:	
Other Equipment, if any:	
First Aid:	First Aid kits to be worn by Trained First Aiders. Report all accidents and near misses to the Event Leader when this occurs. Incidents to be recorded on Accident and Near Miss Report Form.
Do you have a photo of Giant Hogweed? (if it is present on site)	Yes / No
Emergency services access: Ambulance 999 Police 999 Fire 999	
Nearest hospital with an Accident & Emergency Department:	
Weather forecast: (In summer put Max temp. In winter put Min temp)	
Has it been raining heavily in the run up to the event?	Yes / No
What time does it get dark?	
Nearest toilets:	
Nearest cafe/refreshments:	
Special access requirements (people with disabilities, gates etc)	

Prepared By:	
Date:	

If the Method Statement is prepared more than a week before event, re-visit the area two days prior to the event and update accordingly

In Emergency call 999