



EverSAFE Training Ltd

Risk Assessment and Method Statement (RAMS)

Template

Version 1.0 | Effective January 2026

Project / Task Information

- Project Name / Location: [Insert]
- Client Name: [Insert]
- Project Manager / Site Supervisor: [Insert Name]
- Date of Assessment: [Insert Date]
- Assessment Reviewed By: [Insert Name & Position]

Scope of Works

[Provide a clear description of the task or training activity being assessed, including timescales, locations, and key deliverables.]

Method Statement

Outline the sequential steps of the work to be carried out safely.

Step-by-Step Activities:

1. [e.g. Arrival on site and sign-in procedure]
2. [e.g. Induction briefing and PPE check]
3. [e.g. Setup and delivery of training session]
4. [e.g. Equipment checks and closure]

Emergency Procedures

- Assembly Point: [Insert]
- Nearest First Aider: [Insert Name & Contact]
- Accident Reporting Protocol: All incidents must be reported to the Project Manager and logged in the incident report form.
- Emergency Contact Number: [Insert]

PPE Requirements

- High-visibility vest
- Steel-toe safety footwear
- Safety glasses (where applicable)
- Gloves (task-dependent)
- Hearing protection (where applicable)



Hazard Identification and Risk Assessment Table

Hazard	Persons at Risk	Risk Rating (Before)	Control Measures	Risk Rating (After)
Slips, trips, falls	Staff, learners	Medium	Clear walkways, signage, cable	Low
Manual handling	Instructors	High	Use lifting aids, training in proper	Medium
Fire hazard	All	High	Fire extinguisher on site,	Low
Electrical equipment	Learners, staff	Medium	PAT-tested equipment,	Low

Use the Risk Matrix scale: Low / Medium / High

Monitoring and Supervision

All activities must be supervised by a competent person. Daily safety briefings will be held prior to task commencement. Toolbox talks and random inspections are part of the site assurance process.

Review & Sign-Off

This RAMS document is reviewed and approved by the Project Manager and must be signed by all personnel before commencing work.

Assessor Name: [Insert]

Signature: _____

Date: [Insert]

Approved by (Manager): [Insert]

Signature: _____

Date: [Insert]

***Note:** *This RAMS is a live document and must be updated if there are changes to the task, environment, equipment, or workforce.**