

Contract Title	Generic		
Client		Author:	RDT Chamber Solutions
Contract No:		Date:	December 03
Job No.			
LOCATION OF WORKS			
SCOPE OF WORKS			
Cutting in of connections and duct runs into assembled chambers by contractor.			
REQUIRED TO COMPLETE THE TASK			
Work Equipment		Permits to Work / Consents / Notifications	
Diamond tipped core drills, Box cutters, fitted to appropriate contractors power tool.			
Parties Involved in Task including Works to be carried out by Other Parties		Competencies	
Risks to Health and Safety (RDT personnel, Contractors, Client, Public)		Risks to the Local Environment (Water, Air, Land, Waste, Noise)	
Quality Issues (Lead-Times, Material Delivery, Inspection)		Clients Specific Requirements (Access / Egress, Times, Colour)	
RELEVANT DOCUMENTATION			
PERSONAL PROTECTIVE AND OTHER SAFETY EQUIPMENT			
REQUIRED <input checked="" type="checkbox"/> NOT REQUIRED <input type="checkbox"/>			
High-Visibility	<input type="checkbox"/>	Gloves	<input type="checkbox"/>
Goggles /	<input type="checkbox"/>	Safety Boots	<input type="checkbox"/>

Vest / Jacket		Face Shield	
Overalls <input type="checkbox"/>	Waterproofs <input type="checkbox"/>	Hard Hat <input type="checkbox"/>	Bump Cap <input type="checkbox"/>
Respiratory Protective Equipment <input type="checkbox"/>	Breathing Apparatus <input type="checkbox"/>	Ear Protection <input type="checkbox"/>	First Aid kit <input type="checkbox"/>

Other (Specify):

TASK PRE-REQUISITES / PERMITS / CONSENTS

1	See chamber installation method statement.

SITE METHODOLOGY

Stage	Description	Assessments Applicable
1	Determine position of cut, no cut must be within 150mm of the chamber corner or in the top chamber section.	
2	Note, dust mask and eye and ear protection must be worn while cutting.	
3	Fit bell mouth to duct opening as required.	
4	Connect duct.	
5	Drill for step irons, cable hangers, and brackets as required.	

EMERGENCY PROCEDURES APPLICABLE TO WORKS

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CONTACT NUMBERS

Name	Position / Employer	Contact Number
	RDT Contact	
	Contract Manager	
	Health and Safety Officer	

	Emergency Services	
	Client's Representative	
AUTHORISATIONS		
Authorised By		Signature (Contract Manager)
Date		Position
Approved by		Signature (Client's Representative)
Date		Position
Received By		Signature
Date		Position
SITE VARIATION OR ALTERATION		
Description		Signature & Date