METHOD STATEMENT - WASTES CLEARANCE

STEP 1 – ASSESSMENT DETAILS

Method Statement Reference:	CCRM-027	FREQUENCY (TICK AS APPROPRIATE)				
Issue Number	08	Daily	Weekly	Monthly	Quarterly	Yearly
Task:	Wastes Clearance					
Date Completed:	5 March 2025	✓				
Employee Participation and Inv	Reynel Realpe					
Re-Assessment Due*:	One year from above date					
Method Statement Completed By:	Health & Safety Manager	Emergency Telephone Number:				
		N/A				

STEP 2 – PERSONEL REQUIRED (DURING ACTIVITY)

Lone Worker	2 or More Persons	First Aider	Supervisor/Team Leader	Management
	✓			

STEP 3 – PROCEDURES TO BE CARRIED OUT (BEFORE STARTING WORK)

Lock Off	Obtain Permit to Work	Fit Guards	Use Ladder Stops	Place Warning Signs	Perform Visual Check of Equipment
				✓	✓

STEP 4 –POTENTIAL HAZARDS

Slips, Trips & Falls	Low or High Temperatures	Noise	Vehicles	Falling	Biohazard	Falling Objects	Electric Shock	Fire Risk	Manual Handling
									
✓					✓				✓

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STEP 5 – PERSONAL PROTECTIVE EQUIPMENT (PPE) to be used

Personal Protective Equipment to be used						
 Respirator Face Mask FFP2/FFP3or Surgical Mask	 Rubber Gloves	 Protective Gloves	 Lifejacket	 Overalls	 Hi-Visibility Jacket (If working on externals or loading bay areas)	 Disposable Overshoes
		✓			✓	

STEP 6 – PRODUCT USAGE

Product Name	Product Usage	Product Type	Usage Dilution	Mix with other products	Application / Equipment
N/A	N/A	N/A	N/A	No	N/A

STEP 7 – METHOD STATEMENT

SAFETY

1. Wear personal protective equipment.
2. Contaminated waste must not be handled (Refer to BIO HAZARDOUS WASTE FILE)
3. Sharps must be placed in designated rigid containers.
4. Clinical or hazardous wastes must be removed in accordance with a strict code of practice
5. Obtain help or use lifting gear when handling heavy wastes

METHOD

1. Assemble equipment and check for safety.
2. Identify wastes to be cleared.
3. Collect wastes from bins and place into correct plastic sacks.
4. If you need to use staircase for carrying the waste, hold the handrail with your one hand (CCRM-016)
5. Do not carry heavy objects on the staircases.
6. Report any needles (sharps) found other than in designated containers, having first labelled the receptacle and placed it in isolation to await instructions.
7. Do Not handle sharps (needles, broken glass)by hand
8. Remove cardboard, cartons, glass, tins and other items to the correct collection point and make ready for collection.
9. Segregate any clinical or hazardous wastes form other wastes and label for incineration by wastes clearing authorities.
10. Obtain help or use lifting gear when handling heavy wastes.
11. Prepare cleaning solution according to manufacturer's instructions, adding detergent to water.
12. Clean surrounding area and waste bins.
13. Reline waste bins, if appropriate.
14. Report any signs of infestation.
15. Clean equipment and check for safety. Sanitise hands and PPE.
16. Return equipment, materials and warning signs to store.

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CARE OF EQUIPMENT

1. Remove mop head from handle, wash and allow to dry. If re-assembled, store head up.
2. Wash buckets wipe and store upside down.

STEP 8 – RISK ASSESSMENT (Likelihood X Severity = Risk)

AREA	HAZARD	POTENTIAL HARM	Likelihood	Severity	Risk Before Controls	Risk After Controls	CONTROL MEASURES
Slips, Trips & Falls	Slips, trips & falls	Broken bones/bruises/cuts	2	3	6	4	Staff training good housekeeping
Manual Handling	Heavy objects/bending	Back injuries	4	4	16	4	Staff training Toolbox training in place If needed, back belt provided Compenent supervison
Dust	Inhalation	Difficulty breathing	3	2	6	2	Staff training PPE provided
Sharp Objects	Exposure to sharp objects	Cuts	4	4	16	4	Safe system of work in place Operatives aware that they are not allowed to put their hands into the waste bin Staff training
OVERALL RISK RATING BEFORE CONTROL : 9.33			Very Low	Low	Medium	HIgh	COMMENTS
					✓		
OVERALL RISK RATING AFTER CONTROL : 3.33			Very low	Low	Medium	High	
			✓				

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LIKELIHOOD	SEVERITY	INTERPRETATION
1. IMPROBABLE OCCURRENCE 2. REMOTED OCCURRENCE 3. REASONABLY PROBABLE OCCURRENCE 4. VERY LIKELY OCCURRENCE 5. ALMOST CERTAIN OCCURRENCE	1. SLIGHT: NO INJURY or Injury requiring first Aid treatment 2. MINOR: INJURY requiring medical treatment with absence from 3 days to 3 weeks 3. MODERATE: Injury illnes resulting in temporary disibility (eg. fractures) and absence over 3 weeks 4. SERIOUS: Severe injury or permanent disibility (e.g loss of limb, sight) property and equipment damage 5. MAJOR: Immidiate danger exist, capable of causing death, loss or damage on a wide scale and serious business disruption (e.g. Explosion, fire, structural damage, etc.)	4 and below very Low risk = No further action, but ensure controls are maintained an review 5 to 8 Low risk = Risk Can be tolerated or for only short term. Plan introduction of meassures with a define time period 9 to 15 Medium Risk = Planned and introduce further control measures to mitigate the risk within a time scale 16 and Above = Stop activity and immediate action

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