METHOD STATEMENT – USING KICK STOOL AT WORK

STEP 1 – ASSESSMENT DETAILS

Method Statement Reference:	CCRM-045	FREQUENCY (TICK AS APPROPRIATE)				
Issue Number	08	Daily	Weekly	Monthly	Quarterly	Yearly
Task:	Use of Kick Stool at Work					
Date Completed:	5 March 2025					
Employee Involvement and Participation	Jose Quintero					
Re-Assessment Due*:	One year from above date	✓				
Method Statement Completed By:	Health & Safety Manager	Emergency Telephone Number: 020 7624 6330 / 111 / 999				

It is company practice to review every operation at heights. This assessment has identified few tasks that require the use of stools to reach above shoulders. Therefor this Risk Assessment relates to daily indoor activities only, such as cleaning and set up of kitchen cupboards and shelves.

It is the duty of the team to adhere this method statement and implement the arrangements and ensure that all risks are controlled during the task.

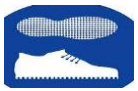
STEP 2 – PERSONEL REQUIRED (DURING ACTIVITY)

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

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

Read and Understand the Importance of This Method Statement	Determine With Your Manager Whether The Job Can Be Done Safely From The Ground Level(*e.g.* using extension poles)	Pre-Use Check Kick Stool Inspect Equipment: Condition Of The Wheels And Rubber Base Report Damage Immediately	Assess The Environment Or Place Of Work (lighting, level ground, surface type, footfall, moving vehicles, wind, etc)	Place Warning Signs Or Isolated Area With Safety Barriers System	Visual Safety Check by Operative Any faults must be reported on Fortnightly H&S Inspection Document by Supervisor
✓	✓	✓	✓	✓	✓

STEP 4 –POTENTIAL HAZARDS AND PPE

Slips, Trips & Falls	Falling Objects	Manual Handling	Flat Trainers	Respirator Face Mask FFP2/FFP3or Surgical Mask	Protective Gloves
					
✓	✓	✓	✓		✓

STEP 5 – PRODUCT USAGE (Please Always refer to COSHH assessment before using)

Product Name	Product Usage	Product Type	Usage Dilution	Mix with other products	Application / Equipment
As per site Spec	As per site Spec	As per site Spec	Refer to COSHH	NO	Refer to COSHH

STEP 6 – Operational Controls & Good Practices

DO NOT carry large items or open chemicals bottles	DO NOT use phones	Maintain Three Points of Contact	Avoid Work that imposes side loading	Avoid Over-Reaching	Check base rubber is in contact with ground	Never Attempt using the stool after mopping or on moist/wet floors
						
✓	✓	✓	✓	✓	✓	

STEP 7 – METHOD STATEMENT

Strict adherence to this method statement is critical to the health and safety of both public and all engaged in the work
Any deviation or modification must be first be authorised by management

Activity/ Task description

Use of Kick Stools at work

Responsible Person

Employees and any person covering from sick leave or annual leave.

SAFETY AND OPERATIONAL CONTROLS METHOD

1. Only authorised operatives, trained in the procedure to carry out this task.
2. Place warning signs, before you commence the task.
3. Inspect Equipment for any faults as shown in training,
4. Inspect Kick Stool wheels, wheel spring, fixtures between top and bottom part of the kick stool, check bottom rubber from all sides to see if it is aligned correctly
5. Never use the devices on wet, moist damaged surfaces or uneven floors
6. Ensure the mat on the kick stool firmly in place and edges do not curl up
7. Do not use the devices after mopping the floor
8. Follow Manufacturers Instruction when using Chemicals.

9. Do not use hand-held devices or phones when using kick stool
10. Do not carry heavy objects or heavy load on kick stools
11. Check base rubber of the kick stool is in contact with the ground , check wheels and springs .
12. If any faults the device must be Tagged Out of Service and damage must be reported immediately
13. Supervisors *must* report any fault or damage in the Fortnightly H&S Inspection Document
14. Don't overreach, don't stand and work on the kick stool
15. Position the kick stool to face the work activity and not side on
16. Try to avoid work that imposes a side loading, such as side-on
17. Maintain three points of contact at the working position at all times when using a kick stool. This means two feet and one hand,

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

AREA	HAZARD	POTENTIAL HARM	Likelihood	Severity	Risk before control	Risk after control	CONTROL MEASURES
Slips, Trips & Falls	Poor condition of stools – rubber grips on base of equipment – locking mechanism	Broken bones/bruises/cuts/possible death due to slips-trips	3	4	12	4	-Staff training/good housekeeping. -Training and comunication awarness in place -Emplyees train on Health & Safety Awarnees use of wet floor signs -Employees must report any faults immediately -Supervisors must log any faults in Weekly H&S Inspection Document Tagging Eqiupment Out of Service Visual inspection before commencing the task
Slips, Trips & Falls	Slips, trips and falls due to missing or damaged wheels	Broken bones/bruises/cuts	3	4	12	4	Staff training/good housekeeping. -Training and comunication awarness in place -Emplyees train on Health & Safety Awarnees use of wet floor signs -Employees must report any faults immediately -Supervisors must log any faults in Weekly H&S Inspection Document Tagging Eqiupment Out of Service

Slips, Trips & Falls	Slips, trips and falls due to missing/ loose fixings	Broken bones/bruises/cuts	3	4	12	4	Staff training/good housekeeping. -Training and comunication awarness in place -Emplyees train on Health & Safety Awarnees use of wet floor signs -Employees must report any faults immediately -Supervisors must log any faults in Weekly H&S Inspection Document Tagging Eqiupment Out of Service
Lack of familiartity with the equipment	Slip- trips and falls	Broken bones/bruises/cuts	3	4	12	4	Staff training/good housekeeping. -Training and comunication awarness in place -Emplyees train on Health & Safety Awarnees use of wet floor signs -Employees must report any faults immediately -Supervisors must log any faults in Weekly H&S Inspection Document Tagging Eqiupment Out of Service
Inappropriate footwear or clothing	Slips – trips and falls	Broken bones/bruises/cuts	2	4	8	4	Anti slippery shoes and uniform for operatives Training and comunication awarness in place
Slips, Trips & Falls	Slipping due to contamination on ground or	Broken bones/bruises/cuts	3	4	12	4	-Training and Comunication Awarness to develop knowledge on safe working practices -Ensure stools are cleaned and free from oils and grease. -Ensure stools are used only on dry floors, asess the floor prior to use - Ensure they are subjected to weekly and pre-user inspection
Usage	Cleaning Products & Equipment: Dropping during work causing damage or injury	Bruises, burns, splashes, contamination, cuts,	2	3	6	3	- Provision is made to enable operatives to climb hands free (Working in pairs where possible) - Isolate area of work with phisical arrangements
Usage	Environment, High Winds, Ground level, surface type	Broken bones/bruises/cuts	2	4	8	4	- Report defects on floor or ground and stop work if unsafe conditions are present - Indoors use only.!"
Manual Handling	Heavy objects/bending Carry large objectsto prevent employee seen steps beyond the load	Back injuries, fall, injuries	2	4	8	4	- Staff training - Consideration of manual handling, posture and ergonomics, - Employees MUST NOT carry any objects or heavy load while climbing steps or kick stool - Competent supervision
Over reaching	Slip- trip and falls due to overraching	Broken bones/bruises/cuts	3	4	12	4	Operatives are just allowed to work shoulder height Staff training Training and comunication awarness in place Competent supervision

	Low	Low to Medium	Medium	High	COMMENTS
OVERALL RISK RATING BEFORE CONTROL: 10.2			✓		
OVERALL RISK RATING AFTER CONTROL: 4.0	✓				

LIKELIHOOD
1. IMPROBABLE OCCURRENCE
2. REMOTED OCCURRENCE
3. REASONABLY PROBABLE OCCURRENCE
4. VERY LIKELY OCCURRENCE
5. ALMOST CERTAIN OCCURRENCE

SEVERITY
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.)

INTERPRETATION
5 and below Low risk = No further action, but ensure controls are maintained an review
6 to 8 Low to Medium risk = Risk Can be tolerated or for only short term. Plan and introduction of meassures with a define time period
9 to 12 Medium Risk = Planned and introduce further control measures to mitigate the risk within a time scale
15 to 16 High Risk = Activities should cease immediately until further control take immediate measures to mitigate the risk
20 to 25 STOP = Stop activity and immediate action

RISK MATRIX		SEVERITY				
		Major 5	Serious 4	Moderate 3	Minor 2	Slight 1
LIKELIHOOD	Almost Certain 5	25	20	15	10	5
	Very Likely 4	20	16	12	8	4
	Reasonable Probable 3	15	12	9	6	3
	Remoted 2	10	8	6	4	2
	Improbable 1	5	4	3	2	1