

METHOD STATEMENT - WASTES CLEARANCE



STEP 1 – ASSESSMENT DETAILS

| | | | | | | |
|--------------------------------|--------------------------|---------------------------------|--------|---------|-----------|--------|
| Method Statement Reference: | CCRM-027 | FREQUENCY (TICK AS APPROPRIATE) | | | | |
| Issue Number | 09 | Daily | Weekly | Monthly | Quarterly | Yearly |
| Task: | Wastes Clearance | | | | | |
| Date Completed: | 2 March 2026 | | | | | |
| 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 |
|-------------|-------------------|-------------|------------------------|------------|
| N/A | ✓ | N/A | N/A | N/A |

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 |
|----------|-----------------------|------------|------------------|---------------------|-----------------------------------|
| N/A | N/A | N/A | N/A | ✓ | ✓ |








STEP 4 – POTENTIAL HAZARDS

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

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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 |
| N/A | N/A | ✓ | N/A | N/A | ✓ | N/A |

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 Competent supervisor |
| 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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| | | |
|---|---|--|
| <p><u>LIKELIHOOD</u></p> <ol style="list-style-type: none">1. IMPROBABLE OCCURRENCE2. REMOVED OCCURRENCE3. REASONABLY PROBABLE OCCURRENCE4. VERY LIKELY OCCURRENCE5. ALMOST CERTAIN OCCURRENCE | <p><u>SEVERITY</u></p> <ol style="list-style-type: none">1. SLIGHT: NO INJURY or Injury requiring first Aid treatment2. MINOR: INJURY requiring medical treatment with absence from 3 days to 3 weeks3. MODERATE: Injury illness resulting in temporary disability (eg. fractures) and absence over 3 weeks4. SERIOUS: Severe injury or permanent disability (e.g loss of limb, sight) property and equipment damage5. MAJOR: Immediate danger exist, capable of causing death, loss or damage on a wide scale and serious business disruption (e.g. Explosion, fire, structural damage, etc.) | <p><u>INTERPRETATION</u></p> <p>4 and below very Low risk = No further action, but ensure controls are maintained and review</p> <p>5 to 8 Low risk = Risk Can be tolerated or for only short term. Plan introduction of measures with a defined time period</p> <p>9 to 15 Medium Risk = Planned and introduce further control measures to mitigate the risk within a time scale</p> <p>16 and Above = Stop activity and immediate action</p> |
|---|---|--|