

## Attachment notice

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[NR/L3/OCS/044/MS-07A](#) Issue 3

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# MANAGED STATIONS MANUAL

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Date: 06 June 2015

## CONTROL OF WORK ON MANAGED STATIONS

### APPENDIX A

#### METHOD OF WORK ACCEPTANCE / COVER SHEET

When presenting the applicable safe method of work, WPP or task briefings at a managed station, a copy of this form - suitably completed to indicate acceptance – should be appended to the safe method of work

|                                         |                                                                                                      |
|-----------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>Station Reference Number:</b>        |                                                                                                      |
| <b>Valid From / To</b>                  | From: _____ To: _____                                                                                |
| <b>Duration of working hours (time)</b> | Between: _____ hours and: _____ hours<br><i>Detail any restrictions i.e. peak / only when closed</i> |
| <b>Contractor:</b>                      |                                                                                                      |
| <b>Type of Safe Method of Work:</b>     | Low Risk<br>High Risk<br>Details of High Risk:                                                       |
| <b>Site / Work Area:</b>                |                                                                                                      |
| <b>Description of Works:</b>            |                                                                                                      |

| Competent Person (High Risk Works)                                                                                    |                      | Managed Station Representative                                                                                                                                        |                                              |
|-----------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Print Name:                                                                                                           |                      | Print Name:                                                                                                                                                           |                                              |
| Status:                                                                                                               | Accepted / Rejected* | Status:                                                                                                                                                               | Accepted / Accepted with Comments / Rejected |
| Date:                                                                                                                 |                      | Date:                                                                                                                                                                 |                                              |
| Signed:                                                                                                               |                      | Signed:                                                                                                                                                               |                                              |
| The above referenced safe method of work has been reviewed against the appropriate legislation for the proposed work. |                      | The Safe Method of Work has been reviewed against the potential impact on the safe operation of the station and interface between the work area, customers and staff. |                                              |

| Additional Reviewers if applicable: |  |             |  |
|-------------------------------------|--|-------------|--|
| Post:                               |  | Post:       |  |
| Print Name:                         |  | Print Name: |  |
| Signed:                             |  | Signed:     |  |
| Date:                               |  | Date:       |  |

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### Comments:

The responsibility for the safety of the contract works rests fully and unreservedly with the Contractor. The Acceptance of this Method Statement, Work Package Plan or task briefings by Network Rail Managed Stations does not in any way absolve the Contractor from that responsibility, nor is it intended to confirm or suggest that the Contractor fully meets the statutory requirements.

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## APPENDIX B

**[ENTER NAME] STATION**

## STATION SPECIFIC RISK ASSESSMENT/METHOD STATEMENT

***(Risk Assessments should be appended to support this Appendix B together with Public Liability Insurance)***

| SECTION 1                                                                                            |                                                                                                                         |                    |                                                                 |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------|
| Fill in all non-shaded cells                                                                         |                                                                                                                         |                    |                                                                 |
| Reference Numbers                                                                                    |                                                                                                                         |                    |                                                                 |
| Station Ref No.                                                                                      |                                                                                                                         | Contractor Ref No. |                                                                 |
| Type of Approval                                                                                     |                                                                                                                         |                    |                                                                 |
| Is this application for (delete as appropriate)                                                      |                                                                                                                         |                    |                                                                 |
| Generic                                                                                              | Valid for 1 year, usually for low risk routine maintenance etc.                                                         | Job Specific       | Valid for 28 days after approval (subject to agreed extensions) |
| The Basics (in brief)                                                                                |                                                                                                                         |                    |                                                                 |
| Who will be carrying out the works?                                                                  | [Enter principle contractor's company name and any subcontractors]                                                      |                    |                                                                 |
| Works to be covered in these RAMS                                                                    | [Enter a brief description of works to be completed]                                                                    |                    |                                                                 |
| Why are these works needed                                                                           | [Enter, in brief the reasons for the works taking place]                                                                |                    |                                                                 |
| Proposed date of works and proposed times of work                                                    | [Enter start and finishing dates of work]                                                                               |                    |                                                                 |
| Site meeting details<br>NB: Site meetings are required for all works deemed HIGH RISK                | [Date and names of persons attending the site meeting]                                                                  |                    |                                                                 |
| Location of Works                                                                                    | Describe below the exact area on the station you will be working. Please include photographs or sketches where possible |                    |                                                                 |
| Has the Hazard Directory been consulted and adequate control measures built into the method of work? |                                                                                                                         |                    |                                                                 |

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Fill in all non-shaded cells

### Delivery of materials / travelling to worksite

#### SECTION 2 – Delivery Methodology

Outline how you will be delivering materials or travelling to your worksite, this should start from the first point of arriving at *[Enter name]* station. This should be site and job specific and go into as much detail as possible.

|         |                                                                                                                                                                                                                                                                                                                                                                         |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Step 1  | Report to station reception <i>[Enter location description]</i> , make sure you are wearing appropriate PPE as agreed in method statement, be ready to display appropriate ID and have your valid works approval sheet.                                                                                                                                                 |
| Step 2  | Complete all required paperwork within the station reception, and if appropriate receive a site safety brief.                                                                                                                                                                                                                                                           |
| Step 3  | Enter <i>[Enter details of location, access details and driving speed restriction if appropriate]</i> , to the point of work/access point. Unload vehicle, <b>while leaving no materials unattended at any time</b> and move to the <i>[Enter location]</i> . Park vehicle ensuring no access / egress is blocked and the vehicle is displaying a valid parking permit. |
| Step 4. | Enter details on how materials are to be moved to the worksite location:                                                                                                                                                                                                                                                                                                |
| Step 5  | Agree limits of worksite with station representative.                                                                                                                                                                                                                                                                                                                   |
| Step 6  | Set up worksite.                                                                                                                                                                                                                                                                                                                                                        |

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Fill in all non-shaded cells

Details of works to be completed

### SECTION 3 – Methodology

List every task to be covered in this proposal and state how you will be safely conducting the works. This should be site and job specific and go into as much detail as possible.

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Fill in all non-shaded cells

### Details of works to be completed

#### SECTION 4 – Fire

Is any of the work to be undertaken likely to affect the fire system in any way?

If Yes – Define safe method of work below.

Will the work create a condition likely to activate the fire system?

If Yes – Define safe method of work below.

Will any works require a system isolation?

If Yes – Define safe method of work below.

#### Detail of safe method of work

*If in any doubt seek the advice of a Network Rail Fire Engineer.*

*Any requirement for temporary panels shall require the approval of the Network Rail Fire Engineer.*

*Include fire prevention measures and controls should a fire occur,*

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Fill in all non-shaded cells

### Works involving Buried Services or Penetrating Surfaces

#### SECTION 5 – Buried / Penetrating Services Methodology

An initial CAT scan must be carried out before works commence and at every 300mm when digging / penetrating.

The Mapping Services team are available to provide further information appertaining to buried services if required. They can be contacted at [MappingServicesManagedStations@networkrail.co.uk](mailto:MappingServicesManagedStations@networkrail.co.uk)

All works areas are to be segregated from the public using Solid Physical barriers.

The location of known Asbestos on Network Rail Managed stations can be found in the Asbestos Risk Management System (ARMS) database. ARMS can be accessed here – <https://arms.networkrail.co.uk>

Username and password can be obtained by calling the Help Desk on 01270 721600

If a known or suspected Asbestos Containing Material is damaged or disturbed, the following steps must be taken to reduce the risk of exposure

- Cease activity in the area
- Secure the area, restrict access using appropriate measures
- Report it to station management

Have you consulted the ARMS database?  
Please note If no information can be found for a location it **MUST** be **ASSUMED TO CONTAIN ASBESTOS**

Have you undertaken a Demolition and Refurbishment survey? **This must be completed if Asbestos is known to be present within the vicinity or no information can be found for a location on the ARMS database**

Have you conducted a suitable and sufficient buried services survey of the area you intend to work including a thorough Cable Avoidance Test?

Have you requested information on buried services from Network Rail?

Has a structural survey been undertaken and proven the excavation can take place safely?

**If no the works are deemed HIGH RISK**

Are staff fully trained and competent in the use of all work equipment?

Are identified buried services able to be isolated?

**If no the works are deemed HIGH RISK**

What impact does the isolation of services have on other station operations?

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Detail your system of working below (including controls to prevent exposure to asbestos)

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Fill in all non-shaded cells

### Working at Height (if the activity is deemed high risk, the SSM/Station Representative will request a review by a Competent Person)

This is any activity whereby the risk is present to fall any distance which may cause injury. This may include (but is not an exhaustive list):

- o working on a ladder or a flat roof;
- o could fall through a fragile surface;
- o could fall into an opening in a floor or a hole in the ground

### SECTION 6 – Working at Height Methodology

- o The area around and below where you are working must be cordoned off using Solid Physical barriers to protect other personnel and members of the public.
- o All tools are to be secured by lanyard.
- o No loose objects are to be left at high level when you are not working in the area.

|                                                                                                                                                                                                                                                                |                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Do you consider the activity to be undertaken high risk?                                                                                                                                                                                                       | If Yes – Make sure the work is reviewed by a Competent Person.<br>If No – Move to the next question.                                              |
| Will the work fall under the Working at Height Regulations?                                                                                                                                                                                                    | If Yes – State your safe system of work to comply with regulations.<br>If No – Move to next section.                                              |
| Are you able to avoid working at height through the use of readily available equipment?<br>NB: working at height must be avoided where practicable                                                                                                             |                                                                                                                                                   |
| Will any tool, plant or equipment be used at height?<br>If yes, your risk assessment and method of working must clearly state how the additional risks will be controlled, such as objects falling from height. Where practicable cordless tools must be used. |                                                                                                                                                   |
| Will the work require the operative to be at height for a continuous period of more than 30 minutes?                                                                                                                                                           |                                                                                                                                                   |
| Is your access equipment constructed of a non conductive material?<br><b>If no, works cannot proceed.</b><br>(Except MEWPs)- but demonstrate safe use                                                                                                          | <i>It is a policy at Network Rail Managed stations that all ladders, tower scaffolding etc on any part of the station must be non conductive.</i> |
| Are all staff trained and competent in the safe use of access equipment?                                                                                                                                                                                       |                                                                                                                                                   |
| Are maintenance records available for all access equipment?                                                                                                                                                                                                    | <i>If equipment comes from a reputable hire firm, reasonable to assume kit will be maintained.</i>                                                |
| Will pre use checks be undertaken prior to access equipment being used?                                                                                                                                                                                        |                                                                                                                                                   |

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|                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Will your access, egress or works require you or any item of equipment being within 1.25m of a platform edge or closer than 2.75m from OHLE (Over Head Line Equipment)?<br><b>If yes, Deemed High Risk Works</b> |  |
| Will you be working above OHLE?<br><b>If yes, Deemed High Risk Works</b>                                                                                                                                         |  |
| Detail your system of working below:                                                                                                                                                                             |  |
|                                                                                                                                                                                                                  |  |