

RISK UNDERSTANDING AND METHOD STATEMENT TEMPLATE RUMS Template

This template was designed to determine a standardized approach to planning and executing work activities in a safe and secure manner.

The RUMS is divided into three (3) easy sections:

Background of the work activity

- Company/Department DetailsPersonnel Required for the activity
- •General Working Days/Hours
- Vehicles and other specialzed equipment to be used

Method of Work

- Tasks and Sequence of Steps involved in the activity
- Hazard identification and associated control programme
- Materials, substances, tools and equipment required for the activity.

Approval and Certification

- Approval and certification by way of authorized signature by the Supervisor/ Manager.
- For contractors, an authorized signature and authorized company stamp.

During the development of the RUMS, if more space is required to enter information under any of the sections of the template, attachments can be added with further information pertaining to the relevant section.



	Section 1 – Background to Work Activity						
1.1 Company Details							
Company/							
	bartment ¹ ne of Primary						
	ntact:						
Pho	one:						
Ema	ail:						
Brief Description of Activity							
		Background to					
		tivity Details – P ersonnel required	ersonnel for the activity (Total Nu	mber	of Personnel:)	
#	Nan	-	Role	#	Name	/	Role
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			
(. i	Section 1 – Background to Work Activity 1.3 General Working Days/Hours – please identify the general working hours (e.g. weekdays, weekends, 8 AM – 4PM)						
			· · ·				
	Section 1 –	Background to	Work Activity				
0	1.4 Vehicles/Heavy Equipment - Identify vehicles expected to Enter the Facility (Total # of Vehicles:)						
#	Vehicle Reg. N		pose (e.g. employee e, material transport).	#	Vehicle Reg. No.		pose (e.g. employee te, material transport).
1				6			
2				7			
3				8			
4				9			

 1 Company – in the case of Contractors \mid Department – in the case of internal operations



RUMS TEMPLATE

مگم	Section 2 – Method of Work				
Ş	2.1 System of Work – Identify the tasks and steps involved in each task (describe the steps from start to finish and how the				
work will be done safery. Attach drawings / sketches etc. in required)					
Task #	Task Description	Sequence of steps to be performed Be specific - include tools and equipment to be used along with the relevant standard(s)/ procedure(s) to be followed. If internal procedures are being referenced, please attach a copy of the procedure.			



RUMS TEMPLATE

· •	Section 2 – Method of Work			
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wonn win de done barerjen naam inge e bieteneb eter in required)		etches etc. if required)		
Task #	Task Description	Sequence of steps to be performed Be specific - include tools and equipment to be used along with the relevant standard(s)/ procedure(s) to be followed. If internal procedures are being referenced, please attach a copy of the procedure.		
L	1			



\land	∧ Section 2 – Method of Work							
	2.2 Hazard Identification – Identify the potential incidents, accidents, injuries or environmental issues that can occur during the tasks listed in Section 2.1 and identify what will be done to prevent it.							
Task # ²	What could happen to cause an incident, accident, injury or environmental issue?	What will be done to prevent it. What will be done to prevent it from happening?						
	accident, injury or environmental issue:							
		·						

² Reference task number(s) from Section 2.1. If the hazards involved are similar in multiple tasks, more than one task number can be placed separated by a comma e.g. 1,2,3.



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Section 2 – Method of Work

2.3 Identification of high-risk activities - A Safe Work Permit is required for high-risk activities as well as all contracted activities³. Additional permits are also required based on the specific high-risk activity to be performed. Please tick the appropriate box and corresponding permit type that is required.

if yes	Contracted Activity	Critical Lifting Operation	Excavation Operations	Demolition	Hazardous Chemicals/ Line Breaking	Live Machinery Intervention	Work at Height > 6ft	High- hazard Electrical Work	Welding, Cutting, Grinding	Confined Space Work
	Safe Work Permit									
\checkmark								Electrical	Hot	Confined
Permit								Work	Work	Space Entry
required										

	Section 2 – Method of Work						
	2.4 List Materials, Chemicals and Substances - Identify the materials and substances required for the activity (e.g. concrete, caustic soda, paint, thinners, etc.).						
Item #	Material and/ or Substance ⁴ Description						
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

³ Except normal, routine low risk tasks (e.g. Office-based activities-auditing ; inspections not involving interventions or use of specialized equipment.

⁴ Any chemicals entering the company must be support by a Safety Data Sheet to determine authorization for use.



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\sim	Section 2 – Method of Work							
2.5 Tools and Equipment – Identify the tools and equipment required for the activity (e.g. drill, welding plan, manlift).								
Item #	Equipment/ Tool Description	Serial number for statutory equipment requiring certification ⁵						
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Section 3 – Approval and Certification of RUMS (Authorized Signature is required to authenticate this RUMS).

I have read and understood this RUMS, or had it explained to me. I am satisfied that it is safe (so far as is reasonably practicable) to allow the work to commence based on the information provided and that it reflects on-site conditions including ongoing collaboration/cooperation amongst all parties. Where any significant changes are required, the work will be stopped, and the RUMS will be revised before recommencing work.

For use by Contr	actor For use by Angostura
Name:	Angostura Performing Authority
Title:	Name:
Signature:	Title:
Date:	Signature:
	Date:
Commonw	HSSE Department (Reviewed by)
Company	Name:
Stamp:	Signature:
	Date:

⁵ There may be equipment/ tools (e.g. welding plan, compressor, aerial lift) that require statutory certification or evidence of being inspected to ensure safe for use.