

### RAMS Evaluation Sheet

Project name	PALL MALL	Project no	N/A.
Activity	Demolition	Subcontractor	S. FALLON.
Anticipated start date	20/7/15	Issue/Revision number	(A)

Status	Comment
A	These RAMS are deemed to cover the requirements of PHD1 as per the PHD1 RAMS Pro-Forma (REV !!!!!) and are suitable for purpose
(B)	All PHD1 comments need to be incorporated into the RAMS before they can be accepted.
C	Not accepted for implementation. Resubmission required.

Please note – ALL comments MUST be incorporated within the RAMS before it will be accepted for implementation. Once Status A achieved, it does not relieve the contractor of their contractual obligations and ownership of the RAMS.

Status	Date Received	Date Sent
B	3/9/15	6/3/15

**For MCL Use ONLY**

Appraisal Signatories	Name	Position	Signature	Date
Reviewed				
Status A achieved				

The RAMS documentation submitted by the subcontractor should include the following					
RISK ASSESSMENTS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	PERSONAL PROTECTIVE EQUIPMENT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
COSHH	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	EMERGENCY ARRANGEMENTS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
FULL DESCRIPTION OF METHODOLOGY AND SEQUENCE OF WORK	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	MATERIALS, WASTE REMOVAL HOUSEKEEPING AND STORAGE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
ACCESS / EGRESS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	ENVIRONMENTAL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
OCCUPATIONAL HEALTH	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	LOGISTICS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
WORK AT HEIGHT N/A.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TECHNICAL INFORMATION	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PLANT / EQUIPMENT/TOOLS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	COMMUNICATION/MANAGEMENT/TRAINING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
PERMITS	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please note – referring to the RAMS Pro Forma (REF!!!!) will assist in what information is needed

Comments	Initials
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