

Demolition Method Statement Authorization

Project Name

Location

Reference No.

Contractor

Date

Scope of Demolition Work

Sequence of Demolition

Key Hazards & Controls

| Hazard | Control Measure |
|--------|-----------------|
| | |
| | |

Equipment & Machinery Used

Waste Management

Authorized Personnel

| Name | Position | Signature | Date |
|------|----------|-----------|------|
| | | | |
| | | | |

Prepared by

Name:

Date:

Checked by

Name:

Date:

Approved by

Name:

Date: