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| **Safety Task Card** |
| **SO3** |  **Fire Alarm Investigation** |
| **Workplace Safety Hazards** |
| What are the hazards? | How might they be harmed? |
| Low light conditionsTrip hazardsFalling debrisFire/explosion | Slips trips fallsFalling objectsBurnsSmoke inhalation |
| **Safe System of Work** |
| Investigation* All Security officers to ensure that an ongoing assessment of their surroundings is carried out whilst on patrol or walking to an incident to identify possible slips and trips hazards
* Ensure that torches are used when on external patrol at night or during a power cut.
* Appropriate footwear is provided and must be worn at all times.
* Designated patrol routes to be used. Staff briefed on patrol routes – potential hazards and safe routes identified as appropriate.
* Good housekeeping maintained of all areas – removal of slip/trip hazards, trailing leads tied back or covered using trip protectors.
* Any spillages should be removed immediately and wet floor sign placed in a prominent position without causing a trip hazard
* Whilst on patrol and fire alarm is evident officer is to contact control room and advise of his presence.
* All security staff are to be made aware of the emergency procedure and ensure they are familiar with emergency procedures
* At all times the Security Operative is to proceed with caution throughout the site
* Training and familiarity with site procedures and passive & reactive fire safety systems.
* Observe good fire safety practices at all times, do not enter an area where a known fire situation exists.
* Regular communications via handheld radio with colleagues / supervisor.
* Security operative must not enter an area which is potentially consumed by smoke.

REFER to security SOP02 – Fire procedures  |
| **Site Specific Actions**List any actions required in addition to the above safe system of work |
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| The above control measures are implemented within my unit. All relevant staff are aware of these control measures and this is recorded in the training record for this safety task card. |
| Unit Manager Name | Signed | Date |

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| **Safety Card Training Record** |
| **SO3** | **Fire Alarm Investigation** |
| I confirm that I fully understand the risks and control measures associated with the taskand that I will follow the Safe System of Work at all times.  |
| Operative Name | Signature | Date | Trainer |
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