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| **Safety Task Card** | | | | |
| **SO1** | **CCTV Monitoring** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards? | | | How might they be harmed? | |
| Faulty equipment  Poor DSE set up  Trip hazards  Restricted working space | | | Electric shock  Musculoskeletal issues  Eye strain  Cuts and bruises | |
| **Safe System of Work** | | | | |
| * PAT testing schedule for all electrical equipment. * All officers to complete DSE assessment. Any issues resolved accordingly. * Occupational health support provision via HR to advise on eye test arrangements for all DSE users * Good housekeeping practices to be observed to ensure all cables are not across walkways. * Report all damaged flooring to allow repairs to be arranged. * Visual checks of equipment periodically, isolate all damaged / dangerous equipment and report all faults immediately * Officers to take regular breaks from DSE usage.   REFER to security SOP 14 – CCTV Operations for correct protocols/ES04a/b DSE user | | | | |
| **Site Specific Actions**  List any actions required in addition to the above safe system of work | | | | |
|  | | | | |
| 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** | | | | |
| **SO1** | **CCTV Monitoring** | | | |
| I confirm that I fully understand the risks and control measures associated with the task  and that I will follow the Safe System of Work at all times. | | | | |
| Operative Name | | Signature | Date | Trainer |
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