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| Safety Task Card |
| COM 11 |  Roller Shutter/tensile barrier operation  |
| Workplace Safety Hazards |
| What are the hazards? | How might they be harmed? |
| TrappingEntanglementElectrical Hazards Collision  | Impact injuriesElectric shockCutsBruising, fractures, concussionAmputation of hands/fingers |
| Safe System of Work |
| * All operators to be trained in correct use of equipment.
* Roller Shutter to be maintained in accordance with manufacturer's guidance where available
* Care must be taken to ensure that loose clothing and hair does not become entangled or drawn into the shutter movement.
* Ensure all employees and customers are standing a safe distance when opening
* Tensile Barrier to be placed into position to ensure customers are aware that the operation is closed for business and access is not available until removal.
* When opening roller shutters, ensure it is opened fully so employees and customers can gain access safely.
* The operation for closing is a reversal of the procedure
* When closing, ensure all customers and employees have fully vacated he premises before the roller shutters are closed
* Note: Roller shutters must not be half open / closed at any time. Any members of public or client personnel to be advised NOT to enter or exit until shutter is fully open.
* Warning signage to be displayed while shutter being closed/opened
* Equipment to be fitted with all necessary guards and safety interlocks, which must be in good working order
* All operating switches to be conveniently accessible to the user
* A sign to be displayed adjacent to the machine and in view of the operator stating “Unauthorised persons not to use this equipment”.
* Implement the Safe System of Work/Control Measures in Electrical Safety, ES06/06a Risk Assessment, including annual PAT tests.
* Control of closure to be available inside premise and outside for safe opening and closing of shutters
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| Site Specific ActionsList any actions required in addition to the above safe system of work |
| Equipment used on site: |
| 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 |
| COM 11 | Roller Shutter/tensile barrier operation  |
| 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 |
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