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| **Safety Task Card** | | | | |
| **SO10** | **Patrol access Plant rooms and external roof areas** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards? | | | How might they be harmed? | |
| Uneven surfaces  Trip hazards  Exposed edges  Electrical  Exposure to gases  Contact with moving equipment | | | Slips, trips, falls  Falls from height  Asphyxiation  Electric Shock  Entrapment  Crushing | |
| **Safe System of Work** | | | | |
| * All Officers must carry a site radio when patrolling the rooftop. Signal to be checked and confirmed working in the area. * Site Permit should be completed before entering any restricted area - this includes any contractors being escorted into the area. * Officers to remain on marked walkways and should be harnessed to an anchor point when working near a roof edge. * Unless a requirement and harness anchored officer not to approach roof edge. * As surfaces becomes particularly slippery when wet all officers to wear suitable slip resistant footwear and PPE suitable for weather conditions. * If area not in control of Compass check with hard FM/landlord for any hazards officer needs to be aware of prior to entering area. * Officers should keep to the designated areas and not approach roof edge or equipment where no protection exists. * Shift Leader to maintain awareness of location of all Officers. * Radio contact with control should be maintained at not more than 15-minute intervals. * Radio Must have man down alarm facility and procedure in place for rapid response. * Any key control process or lock out must be completed prior to and leaving the area.   REFER : working at height risk assessments and methods on HSE website. Security SOP16- patrol duties/Security SOP14 CCTV/ Security SOP04 Radios/ Security SOP20 Keys | | | | |
| **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** | | | | |
| **SO10** | **Patrol access Plant rooms and external roof areas** | | | |
| 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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