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| **Safety Task Card** | | | | |
| **POR 13** | **Collection of petrol for onsite vehicles** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards? | | | How might they be harmed? | |
| Contact with hazardous chemical  Spillages  Fire  Environmental pollution  Traffic- contact with moving vehicle | | | Burns  Cuts  Poisoning  Explosion  Road traffic accident | |
| **Safe System of Work** | | | | |
| * Drivers must hold a full driving licence and be trained in the safe operation of the vehicle. * Drivers must be above 18 years. * No smoking during the collection and delivery of the petrol from the station. * No use of mobile phone while in the petrol station or when handling petrol. * Notify any spillages in the forecourt to the Petrol station and douse with sand * Driving on company business risk assessment to be completed for all operatives. * Only clearly marked ‘petroleum spirit highly flammable 5 litre petrol cans should be used. * Daily visual checks of the van to be completed prior to use. * Slow down when travelling close to obstacles, other vehicles and pedestrians. * When driving give way to pedestrians. Maintain a clear view ahead and behind and give clear indication of your intentions. * Drive carefully on wet or slippery surfaces. * Reduce speed when making a turn. * All full petrol cans must only be carried in the van when secured and bunded to prevent spillages. * Incidents and/or ill health involving exposure to substances to be reported via Accident/ Incident process. | | | | |
| **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** | | | |
| **POR 13** | **Collection of petrol for onsite vehicles** | | |
| 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 |
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