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| **Safety Task Card** | | | | |
| **SO2** | **External Foot Patrol including site open /close** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards? | | | How might they be harmed? | |
| Site traffic  Uneven surfaces  Adverse weather conditions  Intruders  Hot weather | | | Collision  Slip trip fall  Assault  Sunburn | |
| **Safe System of Work** | | | | |
| General patrolling   * Always use the foot path and demarked areas when traveling across site. * Any vehicles speeding should be reported. * Ensure correct footwear, PPE and hi-viz clothing is used * Ensure that footwear is regularly checked and that it is fit for purpose * Ensure that all footpaths are even and report any defects. * Use of flash light to assist in any darkened areas. * When the weather warning accounts for the risk of ice ensure this is reported to the client/facilities/property team to have the site gritted. * If securing of site – route to be agreed and documented. Any concerns to be reported to line manager. * Key control to be enforced – REF Security SOP20 Keys   Intruders   * Be calm and if the individual displays aggression report this via the escalation route and seek assistance from the local authority. * Please refer to Intruder Incident & Investigation Safety Task Card   Adverse weather   * Appropriate clothing to be provided to protect from adverse weather conditions, suitable sturdy footwear to be worn at all times * Ensure exposure time is minimal. * Wet weather gear to be worn in the rain, this must be removed immediately once inside. * For further information please refer to the HSE website “Temperature”   Hot weather   * Ensure there is a suitable provision of protection from the sun in the form of sun protection products and job rotation when having to work in direct sunlight * Ensure access to adequate water supplies to avoid dehydration   Reference : Security SOP 16 Patrol procedures and Lone workers ES13 | | | | |
| **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** | | | | |
| **SO2** | **External Foot Patrol including site open /close** | | | |
| 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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