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| **Safety Task Card** | | | | |
| **SO6** | **Internal Foot Patrol** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards? | | | How might they be harmed? | |
| Trip hazards  Violence and verbal aggression  Lone working  Stress | | | Slips trips falls  Assault | |
| **Safe System of Work** | | | | |
| General   * Ensure that footwear is checked regularly * Report any site defects whilst on patrol and where possible ensure that the hazard is cordoned off to ensure no risk to other members of staff/visitors and/or site personnel * Means of communication for urgent assistance provided via radio and/or telephone * Lone working to be avoided wherever possible Adequate lighting of all internal areas provided (automatic emergency lighting circuits also provide back up for c.3 hours during power failure / torches available in security office). * Suitable induction training & support. * Ensure all staff have regular meetings with their manager to discuss all work related issues/problems   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 * Ensure all staff are trained in Personal Safety at Work, Conflict Management and incident de-escalation with Assignment Instruction completed   REFER to: Security SOP16 patrols/ ES13 Lone workers risk assessment /COM08 violence at work risk assessment | | | | |
| **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** | | | | |
| **SO6** | **Internal Foot Patrol** | | | |
| 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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