**Appendices**

Appendix A – Health & Safety Risk Assessments

**APPENDIX A**

* A Map & INSTRUCTION ON HOW TO USE FIRE ALARM PANEL IN SECURITY OFFICE CAN be found at Appendix A
* A Map OF THE cctv cAMERA LAYOUT FOR BOTH SUSYTEMS CAN BE FOUND IN APPENDIX a

**APPENDIX A**

**RISK ASSESMENTS**

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| **Site** | | | | **Risk Assessment Number Site Number/001** | | | |
| **Operations Covered** Officers carrying out Patrols and Gate House Duties | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Exposure to weather | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 2 ] X [ 2 ] = [ 4 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  Uniform to be worn at all times  Waterproof clothing to be provided and worn as required  Drying area to be provided  In hot weather officer to have access to drinking water and to ensure exposed areas of skin are covered to prevent sunburn | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature: …………………… Date completed: Position:** Site Manager **Review Date :** | | | | | | | |
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| **Site** | | | | **Risk Assessment Number Site Number/002** | | | |
| **Operations Covered** Exposure to animals and or vermin | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Officers Patrolling the site, | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 3 ] X [ 2 ] = [ 5 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  Uniform to be worn at all times  Vermin control to be maintained by the client  Washroom to be provided for officers to wash after patrolling and prior to eating. Officers are to avoid contact with all wild and stray animals alive or dead. Dead animals to be reported to Facilities for removal | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………….* **Date completed:**  **Position:** Site Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/003** | | | |
| **Operations Covered** Contractors on site builders, etc | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Supervision ofContractors on site builders, etc | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 2 ] X [ 3 ] = [ 5 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  Security to be informed of any proposed contract work  Officers to stay to designated walkways  Officers are not to enter construction areas  Construction areas to be fenced off to prevent access  Warning notices to be posted by all contractors and cleaners | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………..* **Date**  **Position:** Site Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/004** | | | |
| **Operations Covered** Danger from public | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Gate House Duties and Site Patrols | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 2 ] X [ 2 ] = [ 4 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  Should intruders enter the site officers must not approach? Inform the Control Room  CALL 999  Monitor all movements via CCTV and log in the D.O.B  Inform Comms and Account Manager  No unauthorised persons allowed on site | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………….* **Date completed:**  **Position:** Site Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/005** | | | |
| **Operations Covered** Electrical safety | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Officer working with electrical equipment | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 2 ] X [ 2 ] = [ 4 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  All portable equipment to be PAT tested by client  All fixed equipment to be RCD, MCB or fuse  Adequate electrical outlets to be provided to prevent use of trailing extensions leads  Personal equipment to be brought on site only with the clients permission and it must be PAT tested | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *………………..* **Date completed:**  **Position:** Site Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/006** | | | |
| **Operations Covered** Exposure to harmful substances (chemicals, etc) | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Officers patrolling and gritting external areas. Officers dealing with spillages on site | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 3 ] X [ 3 ] = [ 6 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  Officers to grit only footpaths and walkways. As well as the helipad in icy weather.  All chemicals to be stored in appropriate chemical containers to be correctly labelled  Full COSHH information to be provided by the client and stored in security control room  Appropriate PPE (Gloves, goggles, etc) to be provided by the client and worn by all officers during gritting of external areas. Officers are to undertake spills training which is to be recorded and refreshed on a quarterly basis. Only spills trained and recorded officers are to deal with spills. National Grid and Compass group Security Environmental reporting procedures to be followed when required | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………….* **Date completed:**  **Position:** Site Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/007** | | | |
| **Operations Covered** Fire | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Site fire procedures | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 3 ] X [ 3 ] = [ 6 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  Fire extinguishers to be provided and maintained to local standards  Fire extinguishers to be mounted on racks provided, extinguishers must not be used for propping open doors  Fire detection and sprinkler system to be maintained to local standards  Officer to be supplied with a radio whilst patrolling site  Smoking only allowed in designated areas  Full onsite induction to be given | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| Signature: Date completed:  Position: Site Manager Review Date : | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/008** | | | |
| **Operations Covered** Heating appliances | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** All duties | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 2 ] X [ 1 ] = [ 3 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  All heating appliances are to be provided by the client and to be PAT tested.  No personnel equipment is be brought on site unless authorised by the client and has been PAT tested  Officers must not hang wet clothing over or near any electrical appliance | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………….* **Date completed:**  **Position:** Site Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/009** | | | |
| **Operations Covered** Insufficient lighting | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Internal & External Duties , Patrols | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 2 ] X [ 2 ] = [ 4 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  Suitable and sufficient lighting to be provided on all recognised patrol routes  Emergency lightening to be provided to local standards  officer to stay on designated routes at all times Officer to maintain 3 points of contact on stairs  Torch to be provided in poor light and radio to be carried | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………….* **Date completed:**  **Position:** Site Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/010** | | | |
| **Operations Covered** Lifts | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Internal Duties | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 2 ] X [ 2 ] = [ 4 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  Only to be used if two officers are on duty at the same time  DO NOT use the lift if lone working  Emergency Alarm to be maintained and tested weekly Officer to carry radio when on patrol | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………….* **Date completed:**  **Position:** Site Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/011** | | | |
| **Operations Covered** Manual handling | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Officer moving furniture , Postal Mail & Officer gritting external areas | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 2 ] X [ 2 ] = [ 4 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  Manual handling should only be carried out where training has been given other wise it must be prohibited  Full on site induction to be given  All officers to undergo training in the use of the gritting machine  Trolley to be provided by the client for the transport of heavy lifting of any large mail items | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………….* **Date completed:**  **Position:** Site Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/012** | | | |
| **Operations Covered** Noise & Noise levels | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Officers Patrolling Buildings | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 2 ] X [ 2 ] = [ 4 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  Security Officers are not to enter Rooms displaying noise warning notices  Ear Defenders to be provided in area of Emergency Generator and to be worn when operating  Ear Defenders and hard Hat to be provided in Plant Rooms and to be worn when carrying out patrols | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………….* **Date completed:**  **Position:** Site Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/013** | | | |
| **Operations Covered** Posture constraints | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Officer working with VDU monitors | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 2 ] X [ 2 ] = [ 4 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  Adjustable seating to be provided  Screens to be mounted in user friendly position Local assessment to be provided for suitability of all equipment in use in the security AREA  Duties to rotate when possible during the night  Suitable and sufficient breaks to be taken | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………………..* **Date completed:**  **Position:** Site Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/014** | | | |
| **Operations Covered** Carrying out searches | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** N/A | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 1 ] X [ 1 ] = [ 2 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  This duty has now been not required from the client ?? | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………….* **Date completed:**  **Position:** Site Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/015** | | | |
| **Operations Covered** Slips trips falls | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Slips trips falls | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 3 ] X [ 3 ] = [ 6 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  Officers to keep to recognised walkways  Officers to grit only footpaths and walk ways  Plant room walkways and steps to be highlighted in yellow  Full onsite induction to be given. Safety foot-ware to be worn when necessary. Safety barriers are to be installed if work is going ahead. | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………….* **Date completed:**  **Position:** Site Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/016** | | | |
| **Operations Covered** Staircases | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Officer patrolling site and attending accidents and incidents. | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 2 ] X [ 2 ] = [ 4 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  Adequate lighting to be provided at all times  Torch to be provided for emergencies  Phone to be provided  Full on site induction to be given  3 points on contacts on the stairs at all times  No running up or down stairs  Walk to the left going up and keep to the right coming down | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………….* **Date completed:**  **Position:** Site Security Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/017** | | | |
| **Operations Covered** Vehicle movements | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:**  Officer patrolling site and attending accidents and incidents  Officer checking vehicles on main entry gates | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 3 ] X [ 3 ] = [ 6 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  Officers to wear High Visibility clothing whilst carrying out any outside duty this also includes dark nights during the winter months  Adequate lighting to be provided at all times  A torch and radio to be provided and carried during patrols  Phone to be provided and carried at all times  Officers to stay to designated walkways during patrols  Full on site induction to be given  For vehicle entry duty - The speed limit for traffic coming on to site and leaving site is 10 miles per hour  Officers are to wear High Visibility clothing at all times | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………….* **Date completed:**  **Position:** Site Security Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/018** | | | |
| **Operations Covered** Welfare Facilities | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 1 ] X [ 1 ] = [ 2 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  Welfare facilities to be provided on site  Suitable and sufficient clean drinking water  Clean toilets and washroom to be provided by the client  Separate amenities for the officer to take a lunch break to be provided by the client  Remember good house keeping skills. | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………….* **Date completed:**  **Position:** Site Security Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/019** | | | |
| **Operations Covered** Working at height | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Working at height Stepladders | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 2 ] X [ 2 ] = [ 4 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:** Officers are not to climb on structures on site | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………….* **Date completed:**  **Position:** Site Security Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/020** | | | |
| **Operations Covered** VDU workstations office | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Contractors on site ( builders, etc) | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 2 ] X [ 2 ] = [ 4 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  Security to be informed of any proposed contract work  Officers to stay to designated walkways  Officers are not to enter construction areas  Construction areas to be fenced off to prevent access  Warning notices to be posted by all contractors and cleaners | | | | | | | |
| **Further Controls Required:**  **N/A** | | | | | | | |
| **Signature:** *……………….* **Date completed:**  **Position:** Site Security Manager **Review Date :** | | | | | | | |

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| **Site** | | | | **Risk Assessment Number Site Number/022** | | | |
| **Operations Covered** Officers carrying out Gritting & Manuel Handling of grit bags | | | | **Persons Exposed –** Security officers | | | |
| **Hazards:** Manual Handling , Snow Ice , | | | | | | | |
| **Risk**  **Evaluation** | Severity | 5 –  Dangerous | 4 –  Very Serious | | 3 –  Major | 2 –  Minor | **1 –**  **No Danger** |
| Likelihood | 5 –  Will or is Happening | 4 –  V. Likely to Occur | | 3 –  Possible | **2 –**  **Unlikely** | 1 –  Won’t Happen |
| **Severity Likelihood Risk Rating**  **[ 2 ] X [ 2 ] = [ 4 ]**  **A risk rating of 10 or above should be notified to The Health and Safety Manager for Review** | | | | | | | |
| **Existing Controls:**  PPE & Uniform to be worn at all times  Drying area to be provided  To use the Site Gritting Machine and to lift the Grit Bags you must of have completed the relevant toolbox talk on Manual Handling or completed the E learning course on the Compass E learning portal  Please follow attached map in Appendix C of the Assignment instructions of areas to grit – Can we get a Map  Please follow Gritting instructions in Section 2 on page 12 of the Assignment instructions | | | | | | | |
| **Further Controls Required:**  Please Read & sign the section toolbox talk in the Communication folder on Manual Handling | | | | | | | |
| **Signature:** *………………..* **Date completed:**  **Position:** Site Security Manager **Review Date :** | | | | | | | |