

CHECKLISTA FOR THE SECURITY INDUSTRY

Security Check

USE THE CHECKLIST LIKE THIS

- Answer the questions with yes or no. If your “x” is in the box on the right, continue on and fill in the three following columns. The answers serve as an action plan that can be part of your systematic work environment management.
- Make a risk assessment of the faults that come to light.
- Are there questions or sections that do not apply to your organization? Cross them out! Do you think that something is missing? Add it!
Adapt the Checklist to your situation!
- Fill in the checklist together: manager, team leader and safety representative/union representative
- Go through the checklist regularly, for example twice per yearly.
- **Follow up to be sure your decisions are carried out!**
- Read the appropriate laws and directives at the Swedish Work Environment Authority’s homepage: www.av.se.
- Go through the other checklists at Prevent’s homepage: www.prevent.se

Date: _____

Company: _____

Participants: _____

Risk assessment

Low risk – will be provided against in the long run

Increased risk – must be attended to

High risk – immediate action must be taken

	Risk assessment			What needs to be done? Is outside help necessary?	Who is responsible for getting it done?	When should it be finished?
	Low risk	Increased risk	High risk			
1. a) Has the employer seen to it that new security guards receive the orientation they need? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) Have new security guards been informed of risks in the workplace? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. Are serious workplace accidents and incidents reported to the Swedish Work Environment Authority? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Note: Use the tab key to move to the next field and the space bar to mark the check boxes.

	Risk assessment			What needs to be done? Is outside help necessary?	Who is responsible for getting it done?	When should it be finished?
	Low risk	Increased risk	High risk			
3. a) Is a security survey carried out for all clients/assignments? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) Are security guards aware of all risks? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. Can security guards communicate with supervisors and colleagues? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5. Are security guards aware of the assignment instructions for each client/assignment? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6. Do security guards have the skills and training necessary to carry out all tasks during the shift, for example about: a) conflict management? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) self defense and apprehension techniques? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c) dealing with violent individuals and/or drug users? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
d) the right to discontinue work due to serious risk to life or health? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7. Are the following available: a) fixed net telephone? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) mobile telephone? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c) radio? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Note: Use the tab key to move to the next field and the space bar to mark the check boxes.

	Risk assessment			What needs to be done? Is outside help necessary?	Who is responsible for getting it done?	When should it be finished?
	Low risk	Increased risk	High risk			
d) intercom? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8. Are cleaning routines satisfactory (internal and external)? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9. a) Do x-ray machines, baggage belts etc, have protection against security guards becoming caught in the machinery. Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) Are x-ray machines in good condition and do they have warning texts? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10. Is there a risk of tripping? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11. Are security guards at risk of becoming lacerated and/or bruised? No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12. Is the air quality good? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13. Are there drafts from windows, doors or ventilation systems? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14. Are there unpleasant smells? No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15. a) Is the lighting satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) Are there blinding lights? No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16. Are the light fittings clean and complete? No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17. a) Is additional clothing such as jackets, boots and caps available? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Note: Use the tab key to move to the next field and the space bar to mark the check boxes.

	Risk assessment			What needs to be done? Is outside help necessary?	Who is responsible for getting it done?	When should it be finished?
	Low risk	Increased risk	High risk			
b) Are there fluorescent vests? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18. Are the floors a) flat and free from holes? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) furnished with slip protection? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19. Is proper fire-protection equipment available and complete? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20. Are there contingency plans and drills for emergency situations such as evacuation due to fire? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21. Are there two independent evacuation routes? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22. Is there: a) access to drinking water? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) access to a WC near the post? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c) an interview room? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23. Are there regular eye examinations for security guards who use monitors? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24. Has training in lifting technique been carried out? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25. Additional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			