|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| DUTY POST | TIME DAY SCHEDULE | | TIME NIGHT SCHEDULE | |
| FROM | TO | FROM | TO |
| BUILDING NO.1 BASEMENT | ########## | ########## | ########## | ########## |
| BUILDING NO.1 LOWER GROUND | ########## | ########## | ########## | ########## |
| BUILDING NO.1 FIRST FLOOR | 07:00:00 | ########## | ########## | ########## |
| BUILDING NO.1 GROUND FLOOR | ########## | ########## | ########## | ########## |

**SECURITY DUTY SCHEDULE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | |  |  |
| MAN POWER | | CHARGE HANDED OVER TIME | | OPD OPEN & CLOSING | |
| DAY | NIGHT | DAY | NIGHT | DAY | NIGHT |
| 2 | 1 | 7AM To 7:30PM | 7PM TO 7:30AM | NIL | NIL |
| 2 | 2 | 7AM To 7:30PM | 7PM TO 7:30AM | NIL | NIL |
| 1 | 1 | 7AM To 7:30PM | 7PM TO 7:30AM | 7AM To 7:30PM | 6PM TO 7AM |
| 2 | 2 | 7AM To 7:30PM | 7PM TO 7:30AM | 6AM TO 6:30PM | 6AM TO  6:30PM |

SYMBOSIS HOSPITAL PUNE

|  |  |  |
| --- | --- | --- |
|  |  |  |
| RESPONSIBILITIES | | |
| 1.HANDED OVER TAKING CHARGE | | |
| 2.REGISTER CHECK | | |
| 3.AREA CONFIRMATION | | |
| 4.VEHICLE MOVEMENT REGISTER | | |
| 1.HANDED OVER TAKING CHARGE | | |
| 2.REGISTER CHECK | | |
| 3.AREA CONFIRMATION | | |
| 4.STAFF ID CHECK CONFIRM | | |
| 5.STORE ITEM RECEIVE ENTRY | | |
| 6.STORE KEY ISSUE ENTRY | | |
| 7.CONFIRM ALL STORE CLOSED | | |
| 1.HANDED OVER TAKING CHARGE | | |
| 2.AREA CONFIRMATION | | |
| 3.CONFIRM PATIENT PASS AND ENTRY | | |
| 4.ONLY DIALASIS PATIENT ENTRY TO  WARD | | |
| 5.CONFIRM ALL WARD CLOSED | | |
| 1.HANDED OVER TAKING CHARGE | | |
| 2.REGISTER CHECK | | |
| 3.AREA CONFIRMATION | | |
| 4.GUEST VEHICLE PARKING | | |
| 5.SENIOR OFFICER VEHICLE PARKING | | |
| 6.ENTRY PROTOCOL | | |