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| * 1. DESCRIPTION: To outline the accepted way of reporting for duty for all employees and management on site.   2. AIM: To ensure a clear and a safe process for both employer and employees  |  |  | | --- | --- | | TERM | DEFINITION | | Attendance register | Register for all Amagavu employees on duty | | Safety register | Register for all on site who attended the daily safety or Toolbox talk meeting | | Machine hours | Meter reading on the machine for the Day | | Man hours | Clock hours worked by men on the day |  * 1. DEFINITION OF TERMS   2. **THE PROCEDURE**   3. **GENERAL MEMBERS DUTY ON**   4. Arrive at least 15 minutes early for parade.   5. Make an entry on the OB.   6. Make and entry on the pocketbook.   7. Receive previous shift’s handing over.   8. Hold parade.   9. Read the latest information circulated to all and acknowledge receipt by signing the circulation register   10. Take up position and release the other shift.   11. **SPECIALIZED UNIT’S MEMBERS DUTY ON**   12. Arrive at least 15 minutes early for parade.   13. Make an entry on the OB.   14. Make and entry on the pocketbook.   15. Receive previous shift’s handing over.   16. Hold parade.   17. Read the latest information circulated to all and acknowledge receipt by signing the circulation register   18. Take up position and release the other shift. |

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| 1. **DESCRIPTION**: This is the procedure that will be followed that must be followed in case of emergency. 2. **AIM**: This procedure outlines all the necessary steps to be followed to provide for the safe handling of any emergency. 3. **APPLICATION**: This procedure is applicable to all personnel. 4. **DEFINITION OF TERMS OR ABBREVIATIONS**  |  |  | | --- | --- | | **OB** | Occurrence Book | | **CPA** | Criminal Procedure Act 51 of 1977 |  1. **PROCEDURE**: 2. **IDENTIFICATION**    1. Identify the type of the evolving emergency.    2. Decide on the best emergency intervention strategy (fight, lockdown, shelter-in-place, evacuate, or any other additional intervention strategies)    3. Act by making the “call” and be audible    4. Start the emergency procedures relevant to the “call” 3. **FIRE**    1. Isolate the source (electricity, gas, oil, etc.)    2. Evacuate everyone in immediate danger but do not put yourself in danger.    3. Activate the alarm and call the fire emergency response.    4. Starve the fire of oxygen by closing all the doors and windows.    5. Extinguish the fire using the fire extinguisher or if the fire is too big, evacuate.    6. If you decide to evacuate, follow the evacuation procedure.    7. If you decide to extinguish, follow the fire extinguishing procedure. 4. **BOMB**    1. **If you receive a bomb threat telephone call**, take the caller seriously and do not hang-up.    2. Take a notebook and note everything including background noise.    3. Ask a lot of questions (Is it on timer? When will it go off? What does it look like? Where is it located? Who is calling?) while taking note from the voice of the caller (**manner:** calm, coherent, rational, deliberate, quiet, **Background noise:** trolley train, music, animals, voices)    4. Keep the caller on the phone as long as possible, they are maybe your last contact with the bomb and your only hope.    5. If the caller hangs up, do not use the phone on which the threat was received.    6. From a different phone call control room immediately and relay all the information.    7. Call 10111    8. Call for evacuation and follow the evacuation procedure.    9. Do not re-enter the building until instructed to do so by control room operator.    10. **If you locate or receive a suspicious package, and suspect it is a bomb**, do not try to investigate or touch it.    11. Call control room and communicate the suspicions of your find.    12. Follow the directions of the control room operator. 5. **MEDICAL**    1. **Heart Attack:** Sit the patient down in a comfortable position, preferably on the ground against the wall.    2. Calm and reassure the patient    3. Do not allow them to close their eyes or sleep.    4. Find out if they are on any medication and if they took it as required.    5. Call control room for emergency    6. **Asthma attack:** Sit the patient down in a comfortable position, preferably on the ground sitting down.    7. Ask if they have their Asthma pipe with them and administer the medication.    8. In the absence of which or if they do not respond to treatment, call control room for emergency.    9. **Choking:** Ask the patient to bend forward.    10. Give them three to five back blows between the shoulder blades while bent forward.    11. If that did not dislodge the object blocking their airways, stand behind them and wrap your arms around them, give them about three to five upward thrusts on their abdomen.    12. If that worked sit them down on a comfortable position, preferably on the floor against the wall.    13. If step xi did not work repeat that step while getting someone to call control room for emergency.    14. **Bleeding:** Put a bandage and apply pressure on the wound to stop the bleeding.    15. If the bleeding doesn’t stop, as a last resort apply a torniquet and write “T-time of application” on the patient’s forehead.    16. Call control room for emergency.    17. Sit the patient down on a comfortable position, preferably on the floor against the wall.    18. Calm and reassure the patient. 6. **ATTACK/ CONTACT**    1. Follow the SOP for operation services (classified) 7. **IMPORTANT NOTES**    1. Listed herein is a limited list of foreseeable emergencies, in the event of an unforeseeable emergency occurring, contact control room immediately.    2. Always wear your personal protective equipment when attending to an emergency |

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| **6. Personnel:** |
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| **7. First Level Manager:** |
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| **8. Approved** **Top Level Manager**: |
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