





















Bat Conservation Ireland Safe Plan of Action (SPA)

Activity:	Location of Works:	Date:
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Nearest Hospital:

Person in Charge:

Number of Operatives engaged in the Activity:

Equipment	Bat Detector 	Flashing Beacon 	Window Clamp 	Ladders 	Other					
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
Hazards	Traffic Accident 	Watercourses 	Fall from Ladder 	Farm Animals 	Ticks (Lyme's Disease) 	Weils Disease 	Anti-Social Behaviour 	EBLV 	COVID-19 	
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
PPE Requirements in Place	Glasses 	Field Boots 	Vest 	Bat Handling Gloves 	Life Jacket 	Respirator Mask 	Hard Hat W/Chin Strap 	Other		
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Training	Induction Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Manual Handling Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Ladder Safety Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Driving License Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Other Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>					
Pre-Start	Mobile Phone Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Two Torches Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Car Lights Checked Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Gardai Informed Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	First Aid Box Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Hand Sanatiser Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Anti-Bacterial Spray Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			

Other Risks	DETAIL ANY ADDITIONAL RISKS IDENTIFIED:	DETAIL THE ASSOCIATED CONTROL MEASURES:
	1.	1.
	2.	2.
	3.	3.
	4.	4.

Team Members Sign Off: By signing below, I agree that I have been instructed this Safe Plan of Action for these works, and I will fully comply with the safety requirements as outlined;				Team Lead Sign Off: I have confirmed that all listed team members are aware of the specific Risk for these works and have been instructed on this Safe Plan of Action for these works. Any additional hazards have been identified and effective control measures have been put in place.		
Print Name	Sign Name	Print Name	Sign Name	Position	Signature	Date
				Team Lead		