

Job Description

**Job Title:** Public Safety Officer

**Classification**: PRN/non-exempt

**Education Required:** High School Diploma or GED; Certified by Indiana Law Enforcement

Academy

**Reports to:** Manager of Public Safety

**Creation Date:** 12/01/2013

**Revised Date:**

**Job Summary**

The Public Safety Officer assures the Public Safety of the Hospital's buildings and grounds. Protect all employees, patients, visitors or others having legitimate business on hospital property from harm or loss of personal property. Protect the hospital's assets from fire, theft, damage or misuse. Complete an accurate and comprehensive written report for any incident occurring upon hospital property.

**Essential Duties and Responsibilities:**

* Respond to emergencies, codes and calls for assistance.
* Conduct assigned inspections, investigations, patrols, escorts, and reports.
* Protection of life and property of the Hospital and its subsidiaries
* Detects and reports violations of local, State and Federal law and reports such violations in a timely manner
* Ensures personal compliance with Hospital and Department policies
* Implements directives from the Manager of Public Safety
* Light clerical duties
* Other duties as assigned

**Job Requirements**

**Education:** High School graduation or equivalent is required. College level work is preferred. Certified by Indiana Law Enforcement Academy is required.

**Licensure/Certification:** Current valid Indiana Driver’s License

**Experience:** At least one year of previous law enforcement required. Working knowledge of Indiana Law is required. Good organizational and communication skills. Ability to work a flexible schedule of varying days and hours, as needed.

**Physical Requirements:** Frequent standing and walking with the ability to stand and/or walk for eight (8) hours, climb multiple flights of stairs, and lift fifty (50) pounds alone.

I have received my job description and understand that I will be evaluated on the requirements as described therein.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_