

Risk Assessment for Covid-19

Business Name:
Address:
Person Carrying out This Assessment:
Date:

Hazardous Operations Specific to the Premises (Mark boxes 1, 2, or 3 depending on assessment of low, med or high risk or mark N/A)	
1.	
2.	
3.	

Persons Exposed to Hazards (tick where applicable)			
Staff	<input type="checkbox"/>	Pregnant Workers	<input type="checkbox"/>
Young Persons	<input type="checkbox"/>	Staff Members Household	<input type="checkbox"/>
Customers/Visitors	<input type="checkbox"/>	Contractors/Other	<input type="checkbox"/>

Control Measures	Yes	No	N/A
1. Is there a senior person in charge responsible for preventing and controlling Covid19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a documented Covid19 prevention and control procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have employees been instructed in the Covid19 prevention and control procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have employees been briefed on the possible hazards from Covid19 and its symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the business explored the option of some employees working at home if possible to reduce the numbers in the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Where possible, are different shift patterns in place to keep staff overlapping at a minimum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are employees with suspected Covid19 symptoms requested to remain away from work whilst the symptoms exist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have staff been informed and agreed to only come into work if they are well and no one in their household is self-isolating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Control Measures	Yes	No	N/A
9. Have you checked whether staff within the business have anyone in their household who is or could be classed as high-risk (e.g. parent/partner/sibling/child who is immunosuppressed) and, if so, have you and the staff member put controls in place to reduce the risk to as low as possible?			
10. Is signage placed at all entrances to the premises asking staff, customers, contractors and visitors with symptoms not to enter the premises?			
11. Are there measures in place to maintain a 2 metre distance (where possible) between all persons in the premises?			
12. Are workstations positioned (where possible) 2 metres away from other workstations?			
13. Are safety shields fitted to help prevent the spread of droplets entering through the eyes, nose or mouth from person to person?			
14. Do staff work side by side? If so can they face away from each other?			
15. Have staff been briefed on the importance of maintaining good personal hygiene – i.e. a) Washing hands thoroughly with warm water and soap for at least 20 seconds frequently throughout the day, plus before starting work, before leaving to go home and before eating/ smoking/drinking? b) Covering their mouth and nose with their elbow when coughing and sneezing? c) Avoiding touching their face wherever possible and d) Disposing of any used tissues immediately in a lidded bin and then washing hands afterwards?			
16. Are there adequate hand-washing facilities with hot water, soap or anti-bacterial gel and paper towels for drying hands?			
17. Are all workstations cleaned down thoroughly throughout the day and also before starting work and at the end of each shift?			
18. Are staff break times staggered to allow staff to practice social distancing?			
19. Do employees have access to Personal Protective Equipment where required, i.e.: a) Face Masks/shields? b) Disposable Gloves?			

