**Template risk assessment**

**Public facilities**

|  |  |
| --- | --- |
| Date |  |
| Person assessing |  |

|  |  |
| --- | --- |
| Location being assessed |  |
| Area use |  |
| Indoors / outdoors |  |
| Materials used in construction/furniture |  |
| Maximum capacity for people in area |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question** | **Yes****No** **N/A** | **What are the present limitations?** | **What is the solution?** | **Can the solution be implemented practicably** |
| Is the area in good condition to be considered adequate for the desired use? |  |  |  | Yes / No |
| Are the present hygiene standards to an acceptable level? |  |  |  | Yes / No |
| Is there a cleaning regime in place to keep standards of hygiene at an acceptable standard? |  |  |  | Yes / No |
| Are there two openings for access / egress to allow one way?  |  |  |  | Yes / No |
| Are there any pedestrian pinch points where crowding can be an issue?  |  |  |  | Yes / No |
| Are the materials used easily cleaned to hygiene standards?  |  |  |  | Yes / No |
| Are the materials or equipment in use the proper ones for the task or use of the building?  |  |  |  | Yes / No |
| Can required distancing measures be implemented?  |  |  |  | Yes / No |
| Is there proper segregation for public from staff?  |  |  |  | Yes / No Yes / No |
| Are there sufficient provisions nearby for hand sanitisation/washing?  |  |  |  | Yes / No |
| Are the hand sanitisation/washing stations obvious?  |  |  |  | Yes / No |
| Is there a visual indication of social distancing requirements [not just signs reminding its necessary]?  |  |  |  | Yes / No |
| Does the location need rules of entry and movement signposting?  |  |  |  | Yes / No |
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**Template risk assessment**

**Staff facilities**

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| --- | --- |
| Date |  |
| Person assessing |  |

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| --- | --- |
| Location being assessed |  |
| Area use |  |
| Indoors / outdoors |  |
| Materials used in construction/furniture |  |
| Maximum capacity for people in area |  |

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| --- | --- | --- | --- | --- |
| **Question** | **Yes****No** **N/A** | **What are the present limitations?** | **What is the solution?** | **Can the solution be implemented practicably** |
| Is the area in good condition to be considered adequate for the desired use? |  |  |  | Yes / No |
| Is there sufficient space for the numbers of staff at any one time? |  |  |  | Yes / No |
| Are the present hygiene standards to an acceptable level? |  |  |  | Yes / No |
| Is there a cleaning regime in place to keep standards of hygiene at an acceptable standard? |  |  |  | Yes / No |
| Are there sufficient provisions nearby for hand sanitisation/washing? |  |  |  | Yes / No |
| Are there suitable facilities available for heating of food and beverages? |  |  |  | Yes / No |
| Do you employ any staff members who are restricted by age, medical or childcare issues? |  |  |  | Yes / No |
| Have you emailed written to all staff to ask them if they remain restricted from working? |  |  |  | Yes / No |
| If an age or medical restriction remains, has the staff member discussed this with their Medical Advisors? |  |  |  | Yes / No |
| Are any staff members restricted from working due to travel restrictions? |  |  |  | Yes / No |
| Have you arranged DAILY staff briefings to update staff on progress or activity concerns? |  |  |  | Yes / No |
| Have you sufficient PPE that will be required? [i.e. disposable gloves and face masks which MUST be in each staff members pocket in case they MUST break a physical distancing requirement in an emergency.] |  |  |  | Yes / No |
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**Template risk assessment**

**Staff standard work activities**

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| --- | --- |
| Date |  |
| Person assessing |  |

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| --- | --- |
| Work description |  |

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| **Question** | **Yes****No** **N/A** | **What has changed? What has brought about the change?** | **What response is required to the change?** |
| Has the task requirement significantly changed? |  |  |  |
| Has the task method of work significantly changed? |  |  |  |
| Have substances being used significantly changed?  |  |  |  |
| Has the equipment to be used significantly changed? |  |  |  |
| Is the change required due to Government advice?  |  |  |  |
| Has the task or area come under focus due to National Outbreaks?  |  |  |  |
| Has the task or area become under focus due to changes in legislation?  |  |  |  |
| Has a hazard been introduced by COVID-19 restrictions or management regime changes?  |  |  |  |
| Do you employ any staff members who are restricted by age, medical or childcare issue? |  |  |  |
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| **Workplace** | **Yes** | **No** | **Comments** |
| Are there any unplanned obstructions which prevents you gaining access to the location? |  |  |  |
| Are you able to maintain physical distancing measurements? |  |  |  |
| Are all staff aware of COVID-19 measures required for working? |  |  |  |
| Do you have all levels of PPE available close to hand should you need it? |  |  |  |
| Is it possible for an unannounced pedestrian to enter the location who does not know what is occurring when an activity is being carried out? |  |  |  |
| Are there any other hazards in this area? |  |  |  |
| Is there any other work being carried out at this location which might cause a risk to you or your team? |  |  |  |

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| **Staff training** | **Yes** | **No** | **Comments** |
| Is this the first time you have done this task  |  |  |  |
| Do you have any inexperienced staff or casual workers involved in the task  |  |  |  |
| Are all members of the team clear on what they are to do, the risks involved and what is required  |  |  |  |
| Does the task require a certificate of training before you can do the task  |  |  |  |
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| **Equipment** | **Yes** | **No** | **Comments** |
| Do you have the correct equipment for the task? |  |  |  |
| Have you completed the daily checks and inspections, including C19 extensions? |  |  |  |
| Do you require any additional equipment? |  |  |  |
| Have you got the correct PPE and do you know how to fit it? |  |  |  |
| Are surfaces difficult to clean or unresponsive to cleaning due to condition?  |  |  |  |
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| **Specific hazards**Do any of the following hazards appear during this task? | **Yes** | **No** | **Comments** |
| Struck by falling / moving object or vehicle  |  |  |  |
| Struck by moving animals or others being inquisitive  |  |  |  |
| Inhalation of fume, dust, micro spores or respiratory irritants  |  |  |  |
| Fall from height over 2 metres  |  |  |  |
| Slippery conditions due to adverse weather  |  |  |  |
| Tripping due to uneven surface  |  |  |  |
| Manual Handling injury  |  |  |  |
| Electrical discharge causing injury or service interruptions  |  |  |  |
| Injury caused by contact with moving parts of machinery  |  |  |  |
| Eye penetration injury  |  |  |  |
| Contracting a bacterial infection  |  |  |  |
| Exposure to noise level requiring a raised voice standing 1 metre away from the listener  |  |  |  |
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