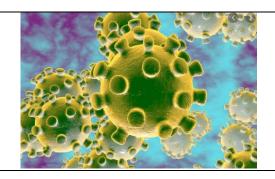


#### **Specific Risk Assessment:**

(For further information on completing this form see the separate instruction sheet)

Reference No: RA-Coronavirus RA Revision: 1



### Hazard - Assessment:

Returning to work whilst COVID-19 is present

# Location / Work Area

All areas including working at other premises

**Risks Identified** (e.g. Hazard / Oil spillage-Risk / Serious injury due to slips and falls).

Use your general risk assessments supplied, to assist you with the identification of your hazards.

Not following Government Guidelines

Employees are not aware of the risks of returning to work

No procedures or plan in place to control the risks of the virus being transferred from one person to another within the office

No segregation procedures in place.

No plan in place for the returning of employees.

Staff absent from work due to isolation and disruption of business.

No PPE is available such as a face mask, gloves or hand sanitiser.

No disaster recovery or business continuity plan in place.

<b>Persons at Risk</b> (enter a ✓ in the box of those affected)					
Employees	<b>✓</b>	Young Persons (Under 18 years /individual assessment)			
Contractors/Visitors/Customers	Pos	Pregnant Worker (individual assessment required)			
General Public	Pos	Others (e.g. Disabled Workers)			

**Existing Risk Controls** (e.g. Protective clothing, Training, Preventative maintenance, Guarding, Signage) Following quidelines laid out by government. Update risk assessment to conform with requirements

All employees capable of working from home will be home working. Employees instructed on company guidelines and risk assessment

Separation of working areas with separate canteens and staggering of rest breaks, Reduce door access points through the office and factories to prevent touch points

Any employee absent from work for more than 2 weeks will undergo back to work induction to inform them of company policy

Follow the latest government action of self-isolation and testing procedures, employees to maintain contact with line management and to follow company policy / guidance.

PPE regularly stocked in stores with supplies of sanitizer and hand gel. Enhanced cleaning regimes for toilet facilities and high use areas, particularly door handles, locks and the toilet flush buttons/handles

Essential business travel only and following government guidelines. No overseas travel will be authorised

Visitors to site are minimised and where possible video conferencing to take place.

Ongoing risk assessment and business continuity planning. Work planning and supplier contact to ensure smooth running of supplies

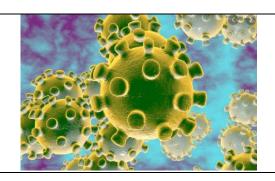
TAKING INTO ACCOUNT THE EXISTING RISK CONTROLS. Select from the table below the likelihood of harm and the severity of the harm. (Enter  $a \checkmark$  in the relevant boxes)



# **Specific Risk Assessment:**

(For further information on completing this form see the separate instruction sheet)

Reference No: RA-Coronavirus RA Revision: 1



# **RISK EVALUATION KEY**

		Consequences								
		Insignificant - 1	Minor - 2	Moderate - 3	Major - 4	Catastrophic - 5				
7	Rare - 1	Low	Low	Low	Low	Medium				
000	Unlikely - 2	Low	Low	Medium	Medium	Medium				
lih	Moderate - 3	Low	Medium	Medium	Medium	High				
Likelihood	Likely - 4	Low	Medium	Medium	High	High				
Г	Almost Certain - 5	Medium	Medium	High	High	High				
Likelihood of Harm/Injury	Almost 5 Certain	Likely	4 Moderate	3 Vullik	cely 2	Rare 1				
Severity of Harm/Injury	Catastrophic 5	Major	4 Moderate	3 Min	or 2 Ins	rignificant 1				

#### LIKELIHOOD OF HARM / INJURY x SEVERITY OF HARM / INJURY = RISK RATING

	<b>Risk Rating</b> (enter $a \checkmark$ in the relevant box below)									
3	X	4	=	12	Very High Risk 15+		Medium Risk 5-14	✓	Low Risk 1-4	
					<del>-</del>					

Now you have established the risk level consider how frequently is the risk is likely to arise (enter a ✓ in the relevant box below)

Continual ✓ Frequent Minimal

Now you have completed your initial assessment answer the question below:-

Do you consider the risk controls adequate? Yes ✓ No

Is there any reference to addition	nal assessmo	ents (e.g. CoSHH and manual handli	ing)		
Risk Assessment:	Ref No:	Risk Assessment:	Ref No:	Risk Assessment:	Ref No:
What further ACTION is required	l to reduce t	he risk			
Keep up to date on Govern	nment Gเ	uidelines and incorporate ar	ny change	es required	
Employees need to be made practices	de aware	of the risks of returning to	work and	d informed of safe working	
Monitor procedure that is employees to come in clos		for the segregation of empl t.	oyees an	d monitor tasks that may n	eed
Monitor safe working distance government guidelines at		d ensure safe working pract	tices are	implemented following	
Signs and information mu	st be disp	olayed in prominent areas a	s require	d	
Keep Hand sanitizer and h	and gels	in communal areas and in p	particulai	r the main entrance or whe	re there

Reep Hand sanitizer and hand gels in communal areas and in particular the main entrance or where there is a potential risk of the lack of cleaning topped up and ensure adequate supplies

Review Risk assessments regularly that are put in place for risky areas of the business.

Regular reminders for employees Posters, leaflets and other materials are available for display

Monitor requirement for PPE and provide where appropriate

If not possible to replace an in person visit with video conferencing, visitors must be authorised in advance and follow safe working practices

Action to be implemented by:	Target Date:	Completed Date:

Initial assessment completed	Name:	Signature:	Date:	
by:	Paul Williams	Paul Williams	$20^{Th}  May  2020$	

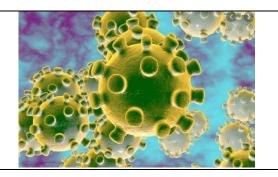


# **Specific Risk Assessment:**

Assessment review:

(For further information on completing this form see the separate instruction sheet)

Reference No: RA-Coronavirus RA Revision: 1



	Weekly at present						
	leted Name: Signature: Date:						
Assessment review completed	Name:	Name:			Date:		
by:							
Reason for review:	Review:		Changes:		Accident/Incident:		
Comments:							
	- N.T.		G		l		
Assessment review completed	Name:		Signature:		Date:		
by:							
Reason for review:	Annual Review:		Changes:		Accident/Incident:		
Comments:							
Assessment review completed	Name:		Signature:		Date:		
by:							
Reason for review:	Annual Review:		Changes:		Accident/Incident:		
Comments:							
			•				
Assessment review completed	Name:		Signature:		Date:		
by:							
Reason for review:	Annual Review:		Changes:		Accident/Incident:		
Comments:							

Date of first review: