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| **RISK ASSESSMENT** |
| **Operation:** | **Processing at Head Office throughout COVID19 outbreak** | **Actions controlled by:** | Installation / production manager |
| **Risk Assessment no:** | SEH-BAC RA036 | **Assessed by:** | S. Timbers |
| **Reviewed by:** | P. Wheeler / A. Race | **Date:** | 27/04/20 |
| **HAZARDS IDENTIFIED** | **Persons Affected** | **RISK(S)** | **Risk****Rating** | **CONTROL MEASURES** | **Residual Risk** |
|  |  |  | **S** | **L** | **RF** |  | **S** | **L** | **RF** |
| **Spread of COVID19 at Head Office** | Office StaffDesignersVisitors | Minor to serious illness or death caused by contraction of COVID19 | 5 | 4 | 20 | * Training on social distancing requirements given to all Head Office Staff.
* All employees and visitors to wash their hands or utilise hand sanitiser upon each entry and exit from the building.
* Hand Sinister made available at each group of desks and details of the nearest wash station with soap and water clearly displayed.
* Sanitise all hard surfaces and concentrate especially on high-traffic areas such as door handles and lights switches twice a day by staff, scheduled and fully documented. Leave sanitiser on surfaces for 5 minutes before wiping off.
* Utilise a split shift and home working to ensure a 2.0m distance between each work station.
* All Visitors (including non HO staff) to be kept to a minimum and to be greeted at reception.
* Meetings of outside suppliers to be arranged via video conference call or telephone.
* High contact areas wiped with antiseptic wipes following each visitor appointment.
* Lunches recommended to be brought from home and eaten at work station. Only two members of staff to occupy kitchen area at any one time, observing 2.0m social distancing at all times and wiping down any surfaces following visit.
* Any staff member showing any symptoms of COVID19 to remain at home and to advise their line manager immediately.
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**NB - Sign off sheet must be completed and returned to office**

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| 5 | 5 | 10 | 15 | 20 | 25 |
| 4Severity | 4 | 8 | 12 | 16 | 20 |
| 3 | 3 | 6 | 9 | 12 | 15 |
| 2 | 2 | 4 | 6 | 8 | 10 |
| 1 | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |

 | **Likelihood**Rating 1 = Very unlikelyRating 2 = UnlikelyRating 3 = LikelyRating 4 = Very likelyRating 5 = Almost certain | SeverityRating 1 = No injuryRating 2 = Minor injury or illnessRating 3 = “3 day” injury or illnessRating 4 = Major injury or illnessRating 5 = Fatality, disabling injury, etc |

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| ***Please sign below confirming you have had this risk assessment explained to you and that you fully understand its contents, will comply fully with controls in place and will report any additional hazards to line Manager*** | ***Please sign below confirming you have delivered and explained the risk assessment fully in accordance with company policy*** |
| **Name (Print)** | **Signature** | **Date** | **Name (Print)** | **Signature** | **Date** |
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