

RISK ASSESSMENT

SITE REPRESENTATIVE:	SITE NAME:	
ACTIVITIES COVERED: Coronavirus (Covid-19)		

POTENTIAL HAZARDS TO BE CONSIDERED (These are a guideline and other local factors may need to be considered):

Contracting or spreading the Covid-19 virus between employees, clients and the general public.

ACTIONS ALREADY TAKEN TO REDUCE THE RISKS:

Planning:

- Check for symptoms such as a high temperature, continuous coughing or a sorethroat.
- Regularly washing hands with soapy water and applying anti-bacterial hand gel where applicable.
- Social Distancing not gathering in populated areas and keeping a general distance of <2 metres between persons.
- Regular cleaning and general up keep of company vehicles.
- Assessing the area where work is to be taken place, including any people within the immediate area. Is the work essential for the risk of spreading the virus?
- Avoid contact with someone who is displaying symptoms of coronavirus (COVID-19).

Physical:

- Wearing a face covering when travelling with others.
- Wearing a face covering when working inside, unless on a construction site where it has been deemed safe not to.
- Wearing latex gloves where appropriate.
- Cleaning the work area before and after works are completed.
- Washing hands before and after each task/job is completed.
- Avoid using public transport where possible.

Managerial/Supervisory:

- Assessing each job that an employee is safe to be attending.
- Providing the employee with the correct materials/equipment and PPE to complete the works safely.
- Assessing the general public within the immediate work area, to ensure no persons, elderly &/or vulnerable, will be exposed to the potential spread of the Coronavirus (Covid-19).

Persons at RISK-	ISK- E.G: CJE EMPLOYEES & RESIDENTS/PUBLIC WITHIN THE IMMEDIATE AREA.			
Calculating the Risk: Risk = Severity x Likelihood				
<u>Likelihood</u>		Severity		
Rating 1 = Very Unlikely		Rating 1 = Insignificant – no injury		
Rating 2=Unlikely		Rating 2 = Minor - minor injuries needing first aid		
Rating 3 = Fairly Likely		Rating 3 = Moderate – up to 3 days absence		
Rating 4=Likely		Rating 4 = Major – more than 3 days absence		
Rating 5 = Very Likely		Rating 5 = Catastrophic – death, major disability		



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15 to 25 Unacceptable (Stop activity and make immediate improvement)

10 to 14 Tolerable (Look to improve within specified timescale)
5 to 9 Adequate (Look to improve at next review)
1 to 4 Acceptable (No further action, ensure controls are maintained)

ACTUAL SITE-SPECIFIC RISK ASSESSMENT:		ASSESSMENT OF RISKS		
HAZARDS		LIKELIHOOD: L	SEVERITY S	OVERALL RISK R
Being within close proximity of infected people.			<u> </u>	IX.
Touching infected areas.				
3.				
4.				
5.				
<u>Further Control Measures</u>				
Further control measures are to be put in place in	n line with guid	ance updates fro	m the UK Gove	rnment.
ACTUAL SITE-SPECIFIC RESIDUAL RISK ASSESSMENT:			MENT OF RESIDU	
HAZARDS		LIKELIHOOD: RL	SEVERITY RS	OVERALL RISK RR
1.				
2.				
3.				
4.				
5.				
DETAILS OF PERSON CARRYING OUT RISK ASSESSMENT (* A	All boxes to be co	mpleted)		
Name:	Signature:			
Date:	Date Assessment to Be Reviewed:			
DETAILS OF PROJECT MANAGER (* All boxes to be complete	d)			
Name: Steve Daley	Signature: S. A	Daley		
Date:	Date Assessme	ent to Be Reviewed	: Daily On-going	



Are you currently suffering from any of the below symptoms, or suffered from the same in the past 7 days:	YES	NO
Persistent Cough		
Shortness of Breath		
Breathing Difficulties		
High Temperature/Fever		
Change in sense of smell/taste		
To the best of your knowledge, have you been in contact with a confirmed/suspected COVID-19 infected person within the last 14 days		
Have you undertaken international travel to/from an infected country within the past 14 days		
Have you been identified as a Clinically vulnerable or clinically extremely vulnerable person		
Country(ies) which you have travelled to/from		
If you have answered yes to any of the above, please do not a Contact your employer and follow your employer's CO	•	-

Declaration

I have answered these questions to the best of my knowledge and should my circumstances change prior to my visit, I shall update and resubmit my form. I shall not knowingly enter the site with any suspected symptoms of COVID-19.

Name	Signature	Date

Please note: Your submission will be reviewed and right of access or further access restrictions will be notified via the person you are proposing to visit. CJ Group have the right to reject/cancel access.