**Covid 19 Workplace Risk Assessment**

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| **Premises details:** |  |  | **This risk assessment:** |
| Address: |  |  |  | Completed by: |  |
| Use: |  |  |  | Date: |  |
|  |  |  |  | Review date: |  |

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| **What are the significant hazards?** | **Who might be harmed and how?** | **Control measures** | **Actions** |
| What | Who | When |
|  | Risk of transmission of Covid19 to people working in/using the office environment:* Staff
* Volunteers
* Visitors to premises
* Cleaners
* Contractors
* Vulnerable groups – Elderly, Pregnant workers, those with existing underlying health conditions
* Anyone else who physically comes in contact with you in relation to your business
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