**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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