

Covid 19 Workplace Risk Assessment

| Premises details: | |
|-------------------|--|
| Address: | |
| Use: | |

| This risk assessment: | |
|-----------------------|--|
| Completed by: | |
| Date: | |
| Review date: | |

| 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: <ul style="list-style-type: none"> • 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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