**RISK ASSESSMENT FORM – COVID 19**

Company Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name /Title/ Department

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hazard:**

**The spread of Coronavirus (COVID 19) in the workplace.**

To ensure the Safety & Health of all employees in the workplace you must answer the following questions as part of a risk assessment on COVID 19.

(Please circle your answers below)

1. Have you visited any countries outside of Ireland excluding Northern Ireland in the last 30 days? Yes / No
2. Are you suffering from any flu like symptoms/symptoms of coronavirus covid-19? Yes / No
3. Are you experiencing any fever like/Temperature symptoms? Yes / No
4. Are you experiencing any difficulty in breathing and or shortness of breath? Yes / No
5. If you have any symptoms, did you consult a Doctor or other medical practitioner? Yes / No
6. How are you feeling Healthwise? Well / Unwell
7. Have you been in contact with someone who has visited an affected region in the past 14 days Yes / No?

**Assessment Checklist – COVID 19**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employee: |  | Title: |  |
| Department: |  | Date: |  |

Checklist: When completing this checklist consider all tasks to be performed by the employee.

|  |  |  |  |
| --- | --- | --- | --- |
| Assessment Criteria*(Complete all relevant sections below)* | Y | N | Comments*(Include all recommendations for remedial actions or restrictions to duties)* |
| 1. **Manual Handling:**

 Is the employee required to handle objects? * + gas cylinders
	+ stocks of stationary
	+ pots and pans
	+ crockery
	+ or any other objects/ equipment
	+ If holding equipment and or at a desk, Are Surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) wiped with disinfectant regularly?
	+ Are checks carried out by an authorised individual to ensure that the necessary sanitising and cleaning procedures are being followed?
	+ As an employee may have to handle objects, frequent hand washing is required. Are washing facilities with soap and hot water in place?
	+ Are posters, leaflets and other materials available on hand washing / cleaning / disinfecting procedures for display?
 |  |  |  |
| 1. **Social Distancing**
	* Employees may need to work in close proximity to get work done. i.e. Warehouse staff
	* Are steps in place to show the 2-metre gap i.e. Signage?
	* Are employees aware they must adhere to social distancing?
 |  |  |  |
| **3. Additional Hazards:*** + Please note any additional hazards specific to the employee’s job not considered in the checklist above and any remedial actions to be taken.
 |  |  |  |

NOTE: Please conform to our standard COVID 19 management processes / procedures, i.e. hand washing / hand sanitizing and general coughing / sneezing etiquette, while on the Company premises.

This risk assessment has been conducted on \_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_