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| **RISK ASSESSMENT** |
| **Operation:** | **Survey process throughout COVID19 outbreak** | **Actions controlled by:** | Surveyors |
| **Risk Assessment no:** | SEH-BAC RA034 | **Assessed by:** | S. Timbers |
| **Reviewed by:** | P. Wheeler / A. Race | **Date:** | 27/04/20 |
| **HAZARDS IDENTIFIED** | **Persons Affected** | **RISK(S)** | **Risk****Rating** | **CONTROL MEASURES** | **Residual Risk** |
|  |  |  | **S** | **L** | **RF** |  | **S** | **L** | **RF** |
| **Spread of COVID19 at Survey**  | SurveyorsMembers of the Public | Minor to serious illness or death caused by contraction of COVID19 | 5 | 4 | 20 | * Surveyor must contact client prior to visit to explain the social distancing requirements for the visit.
* All discussions between surveyor and client to take place outdoors (where feasible) or via email at time of survey where possible.
* All surveyors to utilise disposable masks and gloves for the full duration of all visits.
* Surveyors to wash hands upon entry and exit to clients’ property or utilise hand sanitiser.
* Training on social distancing requirements and the use of provided PPE given to all surveyors.
* Any surveyor showing any symptoms of COVID19 to remain at home and to advise the General Operations Manager immediately.
 | 5 | 1 | 5 |

**NB - Sign off sheet must be completed and returned to office**

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| 5 | 5 | 10 | 15 | 20 | 25 |
| 4Severity | 4 | 8 | 12 | 16 | 20 |
| 3 | 3 | 6 | 9 | 12 | 15 |
| 2 | 2 | 4 | 6 | 8 | 10 |
| 1 | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |

 | **Likelihood**Rating 1 = Very unlikelyRating 2 = UnlikelyRating 3 = LikelyRating 4 = Very likelyRating 5 = Almost certain | SeverityRating 1 = No injuryRating 2 = Minor injury or illnessRating 3 = “3 day” injury or illnessRating 4 = Major injury or illnessRating 5 = Fatality, disabling injury, etc |

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| ***Please sign below confirming you have had this risk assessment explained to you and that you fully understand its contents, will comply fully with controls in place and will report any additional hazards to line Manager*** | ***Please sign below confirming you have delivered and explained the risk assessment fully in accordance with company policy*** |
| **Name (Print)** | **Signature** | **Date** | **Name (Print)** | **Signature** | **Date** |
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