### COVID-19 Contractor Checklist – Site Safety

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| Employee name(s) |  | Site name |  |
| Manager completing checklist |  | Date |  |

**A – Specific Hazards**

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| Hazards specific to the task: |
| Hazards specific to the premises: |
| Who may be harmed? |

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| Assessment Checklist | Yes | No | N/A |
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| **Information** | | | |
| Have employees been advised on the latest government guidance on COVID-19, including what to do if they become ill? |  |  |  |
| Have employees received appropriate training in minimising the transfer of COVID-19 at work? |  |  |  |
| Has a call to site been undertaken to establish their COVID-19 policy? |  |  |  |
| **Personal protective equipment (PPE)** | | | |
| Has a risk assessment been undertaken to determine what level of PPE is required for the task to protect from COVID-19? (e.g. single-use gloves, disposable overalls, face masks, eye protection, etc.) |  |  |  |
| Is the PPE identified in the risk assessment available? |  |  |  |
| Have employees received training in the appropriate use of the PPE? |  |  |  |
| **Welfare** | | | |
| Are there suitable handwashing facilities on site? |  |  |  |
| Are employees provided with hand sanitiser where handwashing facilities are unavailable? |  |  |  |
| Is there a suitable area to take rest breaks? |  |  |  |
| Have employees been instructed not to eat/drink/smoke/touch face without first washing their hands? |  |  |  |
| **Site arrangements** | | | |
| Can any of the work be done off site to minimise exposure? |  |  |  |
| Can the work be moved outside or to a location where there are minimal persons? |  |  |  |
| Can barriers be used around the work area to maintain a safe distance between employees and others in the vicinity? |  |  |  |
| Do any tools/equipment used on site need to be decontaminated due to potential COVID-19 exposure? |  |  |  |

**B – Assessment Rating**

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| **The current risk assessment rating is considered to be: Tick** | | |
| **High risk** | Fatal or major injuries or irreversible health effects to one or more people are highly probable. |  |
| **Medium risk** | Serious injury or ill-health effects are possible. |  |
| **Low risk** | Minor injury or reversible minor health effects may occur. |  |
| **Insignificant** | The activity presents no greater risk than those associated with life in general. |  |

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| **Action required** | **By** | **Priority** | **Timescale** | **Completed** |
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| Manager’s signature |  | Print name |  | Date |  |