### COVID-19 Partially Occupied Buildings Checklist

This health and safety checklist has been developed specifically for partially empty premises. It should be completed on a weekly basis or more frequently if required. Where the response is that action is needed, this should be noted on the Action Log at the back of this checklist and allocated to a named person for action. When the task is completed, details will be recorded for future reference.

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| **Partially Occupied Buildings Checklist** | | | |
| Security | YES | NO | Comments |
| Have you considered / carried out a security risk assessment? |  |  |  |
| Are all windows securely closed in rooms / parts of buildings that are not in use? |  |  |  |
| Are blinds/curtains closed in unoccupied areas? |  |  |  |
| Are high-value items (i.e. computers, etc.) kept out of view from the outside? |  |  |  |
| Is the security alarm working with no fault indications? |  |  |  |
| Is the Alarm Receiving Centre (ARC) aware of areas that are occupied / unoccupied / partially occupied? |  |  |  |
| Has the boundary fence been checked for gaps, breaks or signs of attempted entry? |  |  |  |
| Have external lights and sensors been checked for correct operation? |  |  |  |
| Can entrance gates be securely locked? |  |  |  |
| Have all items such as ladders, etc. that could be used to gain access to the building been removed from external areas that are not in use? |  |  |  |
| Have police been notified of a Key Holder for when the building is unoccupied? |  |  |  |
| Is CCTV operational? |  |  |  |
| Fire | YES | NO | Comments |
| Does the Fire Risk Assessment (FRA) require to be reviewed due to change of occupancy / processes / areas in use/not in use, etc.? |  |  |  |
| In multi-occupied premises, have you liaised with fellow tenants on their arrangements to ensure their processes, procedures or work activity does not increase the likelihood or severity of a fire? |  |  |  |
| Have you ensured that all personnel are familiar with any subsequent changes to emergency arrangements, e.g. changes to work environment, process, activity, layout or escape route? |  |  |  |
| Has all combustible material(s) been secured or removed from external areas that are not in use? |  |  |  |
| Are external bins secured away from the building and final fire exits? |  |  |  |
| Has the fire alarm panel been checked for any fault indication? |  |  |  |
| Have weekly fire alarm tests been carried out and recorded? |  |  |  |
| Is the six-monthly fire alarm maintenance service in date? |  |  |  |
| Have the monthly emergency lighting tests been carried? |  |  |  |
| Is the annual emergency lighting service and battery discharge in date? |  |  |  |
| Have periodic tests of equipment forming part of the fire safety management system been carried out and recorded (i.e. sprinklers, suppression systems, automatic smoke vents, dampers and risers)? |  |  |  |
| Is the fire alarm signal being received from the ARC? |  |  |  |
| Can you reschedule any planned hot works to later in the year? |  |  |  |
| Water | YES | NO | Comments |
| Have you discussed with your Legionella risk assessors the necessary controls that you are likely to require to undertake during this period? |  |  |  |
| Have all water outlets, including toilets/urinal cisterns, been flushed through every week? |  |  |  |
| Have monthly temperature checks been undertaken? |  |  |  |
| Have evaporative condensers been maintained as normal or switched off? |  |  |  |
| Have you considered (where applicable) whether an increase in dosing/water treatment is required? |  |  |  |
| Have you considered (where applicable) whether increased water sampling is required? |  |  |  |
| Can you use Point of Usage (POU) water heaters and isolate other parts of your system? |  |  |  |
| Have you locked off / signposted areas of your building(s) that are not in usage? |  |  |  |
| Have you considered a water plan of how you are going to re-occupy your building(s)? |  |  |  |
| Electricity | YES | NO | Comments |
| Have you considered when electrical conditioning / portable appliance testing is due for renewal? |  |  |  |
| Have all non-essential items been isolated? |  |  |  |
| Have all switchgear cupboards been kept clear of combustibles and adequately secured? |  |  |  |
| Gas | YES | NO | Comments |
| Are all gas appliances in date for the annual gas safety checks? |  |  |  |
| Are gas isolation points clear and signposted? |  |  |  |
| Lifting Equipment | YES | NO | Comments |
| Is all lifting equipment in date for the thorough examination? |  |  |  |
| Lone Working | YES | NO | Comments |
| Have you reviewed risk assessments and considered necessary control measures due to changes in working? |  |  |  |
| Pressure Systems | YES | NO | Comments |
| Are all pressure systems in date for the thorough examination? |  |  |  |
| Other | YES | NO | Comments |
| Has your workplace been cleaned on a daily basis and are you using the EW Daily Cleaning Checklist? |  |  |  |
| Is there sufficient means to maintain good personal hygiene? |  |  |  |
| Have you considered whether any other statutory or non-statutory checks that are relevant to your building(s) have been undertaken? |  |  |  |

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| **Action required** | **By** | **Priority** | **Time scale** | **Completed** |
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