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| **COVID-19 Contractor Checklist – Inviting Contractors into School** |

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| **Contractor name:** |  |
| **Type of work being undertaken:** |  |
| **Area(s) contractor requires access to:** |  |
| **Date(s) contractor on site:** |  |

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| **A – Specific Hazards** |
| Hazards specific to the task: |
| Hazards specific to the premises: |
| Who may be harmed? |

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| Assessment Checklist |  |  |  |
| **Information** | Yes | No | N/A |
| Have your employees been advised on the latest government guidance on COVID-19, including what to do if they become ill? |  |  |  |
| Have your employees received appropriate training in minimising the transfer of COVID-19 at work? |  |  |  |
| Has a call to the contractor been undertaken to establish their COVID-19 policy? |  |  |  |
| Are details available of who will supervise the contractors in the school to ensure good hygiene practices are observed? |  |  |  |
| **Personal protective equipment (PPE)** | Yes | No | N/A |
| Are there any PPE requirements in the school required to protect vulnerable persons?  |  |  |  |
| **Welfare** | Yes | No | N/A |
| Are there suitable handwashing/welfare facilities available for contractor use? |  |  |  |
| Are there suitable waste facilities for disposal of single-use PPE worn by contractors? |  |  |  |
| Is there a suitable area for contractors to take rest breaks? |  |  |  |
| **School arrangements** | Yes | No | N/A |
| Is any of the work being done outside the school to minimise exposure time? |  |  |  |
| 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 contractors and others in the vicinity? |  |  |  |
| Are there any areas in the school that contractors need to avoid? |  |  |  |

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| **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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| **Line manager’s signature:** |  | **Date:** |  |
| **Print name:** |  |