HEALTH AND SAFETY RISK ASSESSMENT

HSW FORM 3

Risk Assessment No. GSMT RA 20/009	Associated SSOW :20/009	Serial No: N/A
Activity / Process: Covid transmission prevention	Location: GSMT Sites	

Hazards: | **Further Actions Required:**

HAZARD	Who Might be Harmed and How	Existing Controls	Likelihood (1-5)	Severity (1-5)	Risk Rating	Additional Controls Required	Action By Whom?	Action By When?	Action Status	Residual Likelihood (1-5)	Residual Severity (1-5)	Residual Risk Rating
COVID 19	Staff, Visitors to premises, Cleaners	Hand washing facilities on site	2	5	10	Employees to be reminded regularly to wash their hands	ALL employees	On going	On going	1	5	5
	Contractors, Drivers,	Soap and water	2	5	10	and adhere to the existing controls in place at all times	ALL employees	On going	On going	1	5	5
	Persons with underlying health conditions	Drying hands with disposable towels	2	5	10		ALL employees	On going	On going	1	5	5
	Anyone who phisically come into contact with relation to work purposes	Usage of hand sanitisers after touching pens, cutlary etc	2	5	10		ALL employees	On going	On going	1	5	5
		Paperless communication with customers	2	5	10		ALL employees	On going	On going	1	5	5
		anti bacterial spraying or work surfaces	2	5	10		ALL employees	On going	On going	1	2	2

Individuals consulted during the assessment:	

All immediate actions required are complete and the risk(s) are now low.

Risk Assessors Name:	Risk Assessors Signature:	Appointment:	Date:	Line Manager Name:	Line Manager Signature:	Appointment:	Date:
Danny Eves		Safety Manger	01-May-20	Andy Willy		Operations Director	01/05/2020

Risk Assessor Annual Review: | **Line Manager Annual Review:**

	Risk Assessor Name:	Risk Assessors Signature:	Appointment:	Date:	Line Manager Name:	Line Manager Signature:	Appointment:	Date:
1st								
2nd								
3rd								
4th								
5th								