



RISK ASSESSMENT: COVID-19 Specific – Resuming Meetings Inside		
DATE:	MEETING LOCATION:	
<p>Discuss with the venue management the procedures which they have in place and require you to follow. Ask for a copy of their risk assessment. Use this to ensure that the WI's risk assessment is in line with the hall's risk assessment.</p>		
<p><u>Hazards Identified and Risks Arising</u> <i>Identify & list what hazards could cause significant harm, how & to whom. This includes anybody who may be present affected by your activity, not only your members e.g. public, venue management & those who may be more vulnerable to certain hazards.</i></p>		<p><u>Risk Assessment & Precautions Required:</u> <i>Evaluate the risks and decide if existing precautions/controls are sufficient or more needs to be done. Consider information from all available authoritative sources.</i> <i>The following measures will be in implemented.</i></p>
HAZARD:	TO WHOM:	Measures in place
<p><u>Managing Compliance</u> Lack of Understanding by members and committee</p>		
<p><u>Managing Social Distancing</u> Person to person transmission</p>		

Risk Assessment Template

<p><u>Poor Hand Hygiene</u> Person to person transmission Contaminated surface/equipment and risk of cross transmission</p>		
<p><u>Lack of Respiratory Hygiene</u> Person to person transmission Contaminated surface/equipment and risk of cross transmission</p>		
<p><u>Shared Facilities e.g. kitchen, toilets</u> Contaminated surfaces/equipment, risk of cross transmission</p>		
<p><u>Lack of Face Coverings/PPE</u> Person to person transmission Contaminated surfaces/equipment transmission</p>		
<p><u>Handling Money</u> Person to person transmission Contaminated cash</p>		
<p><u>Someone falls ill with COVID-19 Symptoms</u> Contaminated surface/equipment and risk of cross transmission</p>		

Risk Assessment Template

Travel Person to person transmission Sharing cars		
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Emergency Arrangements & First Aid Requirements:		
First Aid Kit, face covering, sanitiser and gloves are available from:		
Risk Assessment completed by:	Signed:	Date: