

COVID-19 ASSESSMENT FORM

ASSESSMENT DATE : 24-June-2020

CLUBHOUSE BAR AREA

| ITEM | PRIMARY RISK | | | EXISTING | REQUIRED | RESISUAL RISK | | | COMMENTS, CONTROLS, ACTIONS REQUIRED |
|--------------------|--------------|------------|------|----------|----------|---------------|------------|------|--|
| | SEVERITY | LIKELIHOOD | RISK | | | SEVERITY | LIKELIHOOD | RISK | |
| WASHING FACILITIES | 4 | 3 | 12 | X | | 4 | 2 | 8 | MAIN TOILETS, GENTS AND LADIES, PAPER TOWELS, SIGNAGE,WASTE BIN, DISINFECTANT, LIQUID SOAP, CLEANING ROTA. |
| HAND SANITIZER | 4 | 4 | 16 | | X | 4 | 2 | 8 | AT DOOR |
| WASTE DISPOSAL | 4 | 4 | 16 | | X | 4 | 2 | 8 | LINED BIN PROVIDED |
| SOCIAL DISTANCING | 4 | 4 | 16 | | X | 4 | 3 | 12 | 2M AS PER GUIDELINES, SIGNAGE PROVIDED |
| SIGNAGE | 4 | 4 | 16 | X | | 4 | 3 | 12 | PROVIDED |
| PARKING | 4 | 4 | 16 | X | | 4 | 2 | 8 | EXISTING CAR PARK, SOCIAL DISTANCING, NO LINGERING |
| ACCESS | 4 | 4 | 16 | X | | 4 | 2 | 8 | VIA MAIN DOOR, EXIT VIA SIDE DOOR ON RHS OF BUILDING |
| CLEANING | 4 | 4 | 16 | | X | 4 | 3 | 12 | DEEP CLEAN REQUIRED, ROTA, SANITIZER, DISINFECTANT, LINED WASTE BIN, MASKS GLOVES AVAILABLE |
| SUPERVISION | 4 | 4 | 16 | X | | 4 | 3 | 12 | FACILITIES MANAGER |
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SURVEYED BY Martin Cramp, Kevin McGing, Mairead Bradley, Jim Moore.