



# COVID-19 HEALTH & SAFETY CHECKLIST



**NOTE:** This checklist is designed to help identify the main control measures in reducing the risk of COVID-19 infections as part of a proactive monitoring process. This Checklist can be used in tandem with the COVID-19 Risk Assessment Template to help comply with current Health and Safety legislation and government guidelines. This checklist is not exhaustive and company specific elements should be added as required. Always ensure that you refer to the latest government COVID-19 guidelines at: <https://www.gov.uk/coronavirus>

Site:										
Site Address:										
Company:										
Inspection Undertaken by:										
Distribution:										
Previous Outstanding Issues		Issues on this Report			Number of Repeat Issues					
Key to Ratings (R-A-G)		<b>RED</b>	Major Breach (Significant Remedial Action)		<b>AMBER</b>	Major Breach (Remedial Action)		<b>GREEN</b>	Full Compliance (No Action)	
<b>SECTION A: Checks on employees and visitors etc.</b>										
Ref:	Checklist	ISSUES RAISED?			RATING			Comments		
		Y	N	N/A	R	A	G			
1	Has a COVID-19 specific Risk Assessment been undertaken for those who have a self-declared health condition which could increase their risk profile? (See accompanying COVID-19 Checklist to complete a Risk Assessment)									
2	Are you tracking people who have been identified as high risk/are shielding?									
3	Where practicable have staff been allowed to work from home/remotely?									
4	Can all staff maintain the government guidelines for social distancing based on your industry?									
5	Are you able to segregate staff's activities to promote 2 metres distance?									
6	Are you able to limit the amount of contact staff have with each other to 15 minutes or less?									
7	Are you able to implement a one way flow system and provide visual aids (e.g. distancing markers, signage, flow system markers) for maintaining two metres distance?									



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8	Have staff been trained / notified before returning to work on any new procedures?						
9	Have staff been instructed on how to hand wash effectively, for the suggested duration and maintain good hygiene practices?						
10	Have staff been instructed on social distancing where practicable while at work?						
11	Have staff been trained on what to do if they are experiencing COVID-19 symptoms?						
12	Are daily alerts from government departments e.g. Public Health England / Devolved Agencies being sourced and shared with staff?						
13	Have staff been instructed to minimise business related travel and use video chat as an alternative method of maintaining contact with colleagues, suppliers and customers?						
14							
15							
16							



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**SECTION B: Travel, Access & Egress – Consider how your employees will travel to work, travel for work, access and exit work safely.**

Ref:	Checklist	ISSUES RAISED?			RATING			Comments
		Y	N	N/A	R	A	G	
1	Are you able to implement sufficient parking restrictions to maintain social distancing measures?							
2	Are workers using their own transport for work activities?							
3	Are workers avoiding public transport where applicable and using alternatives (e.g. cycling, walking to work etc)?							
4	Have you considered staff that are required to car share for their role and whether this could continue?							
5	Has the entry and exits to the building/site been limited to the minimum number of points required?							
6	Has access to the building/site been restricted to visitors and contractors etc?							
7	Is it practicable to confine visitors to strictly defined areas and avoid unnecessary movements around the building?							
8	Have appropriate hand sanitiser pump action containers been made available in every work area and on main travel routes through the building/site including access and egress areas?							
9	Is advisory hand washing signage displayed throughout the building/site, especially at entrances and exits and where people congregate?							
10	Are the signs displayed reviewed and replaced as necessary?							
11								
12								



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**SECTION C: Cleaning Regime – Consider what cleaning and hygiene measures need to be implemented to reduce the risk of individuals contracting the virus on your premises / site.**

Ref:	Checklist	ISSUES RAISED?			RATING			Comments
		Y	N	N/A	R	A	G	
1	Have you completed a deep clean of the property / premises prior to returning?							
2	Is the ongoing cleaning frequency sufficient and can cleaning be undertaken when site/building/premises is occupied?							
3	Are all hand contact points cleaned on a frequent basis throughout the day including, door furniture, handrails, IT equipment, desks, phones, flush plates, taps, dispensers, toilets, canteen / food preparation areas?							
4	Are appropriate cleaning products being used during daily preventative clean regime?							
5	Have persons undertaking the cleaning been instructed with clear safe usage instructions?							
6	Can where curtains and blinds be removed to minimise the areas where viruses can be difficult or time consuming to remove?							
7	Can blinds be kept opened and locked if they cannot be removed?							
8	Can rugs and mats be removed where safe to do so to make cleaning and disinfection of floors easier?							
9	Is it practicable to introduce a daily steam cleaning procedure for washrooms?							
10	Have staff been provided with appropriate cleaning products so that they can frequently clean their workstations during the day?							
11								
12								



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SEC3TION D: Building Services and Maintenance Checks to ensure safety of building / premises								
Ref:	Checklist	ISSUES RAISED?			RATING			Comments
		Y	N	N/A	R	A	G	
1	Fire Safety Systems / Emergency Lighting.							
2	Ventilation / Humidity / Lighting & Heating.							
3	Gas Installations.							
4	Legionella Controls.							
5	Routine Inspections e.g. Local Exhaust Ventilation, Lifting Equipment and Pressure Systems and Equipment Maintenance.							
6	Lift Statutory Inspections.							
7								
8								



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## SECTION E: Miscellaneous

Ref:	Checklist	ISSUES RAISED?			RATING			Comments
		Y	N	N/A	R	A	G	
1								
2								
3								
4								
5								
6								

## SUMMARY OF FINDINGS

Ref:	Details of Finding	Corrective Action Required	Dated Required By:	Responsible Person:	Date Completed:

**Additional Comments:**