General Indoor Activity Risk Assessment Checklist

|  |
| --- |
| **U3A Name**  Battle & District U3A |
| **Interest Group (Insert)** |
| **Day and week in the month activity takes place (Insert)** |
| **Each member will be signed in with contact details. Hand sanitizers will be used by each attendee. On a voluntary basis members will have their temperature taken and wear a face covering. Covid Guidelines 4.8.2021 – See also Indoor Venue Activity Checklist** |

|  |  |
| --- | --- |
| **Part 1: Before the activity Check list:**   * Activity complies with current Government and Public Health Covid 19 advice in relation to location and feasibility of activity to ensure it safely adheres to social distancing requirements and permissible out-door activities. * Activity involving sharing of any equipment or spaces meets current guidelines. Suitable arrangements are made to have antiviral cleaning products available where appropriate. * Where necessary area/location is inspected prior to commencement of activity to ensure adequate social distancing can be maintained throughout and to remove/isolate any hazards. Members are appraised. * Travel arrangements meet the necessary requirements. * Any general hazards related to activity and the impact of accommodating Covid19 restrictions have been considered and met. This includes numbers permitted to take part at any one time, location and potential congestion areas, obstacles, fitness levels required, appropriate dress and weather conditions. * This completed Assessment is shared with participants prior to the commencement of this activity and they have each completed their personal checklist in line with this information. (see below)   **Signed :**    **Date :**  **Before Activity Personal Checklist:**  **(To be read by each participant before signing into the event)**   * I have reviewed my personal health and circumstances and current Government and National Health guidance for different risk categories in Covid19 including measures recommended for people over 70 and/or with various medical conditions and I deem it safe to participate. * The health risk category of anyone else isolating within my household has been reviewed and I deem it safe to participate. * I have read this completed Assessment and in addition an indoor assessment checklist (as appropriate), have been appraised of any risks/hazards and consider it safe for me to participate. |  |