

Covid 19 Venue Risk Assessment Checklist

U3A Name	King's Lynn U3A		
Interest Group			
Date	Venue Location / Postcode	Contact number	
Description of Activity			

Hazard	Y / N	N/A	Risk	Action	Revised Risk
1 Government Group size			H M L		
2 ACTUAL Group Size			H M L	Test & Trace list.	H M L
3 Track & Trace register used?			H M L	Group leader does	H M L
4 Social Distancing possible?			H M L		H M L
5 Is equipment shared?			H M L	Antiviral cleaning products	H M L
6 Is there an assembly point? Where?			H M L	Assembly point at . . .	H M L
7 Attendees and families NOT self isolating			H M L	Confirm all attendees.	H M L
8 All attendees have OWN hand sanitizer?			H M L		H M L
9 Refreshments NOT shared?			H M L		H M L
10 If there are chairs, who lays out?			H M L		H M L
11 Who sanitizes chairs?			H M L		H M L
12 Other ☼ ☼					

H M L = "High", "Medium", "Low"

Additional InformationInitialed

Attendee names and phone numbers to be kept for 21 days to aid Track and Trace

Exceptional Circumstances

Additional Information may have to be taken into consideration when completing this form. When completing a Risk Assessment in exceptional circumstance, consider how this will impact on the activity. Think about what additional measures or changes will need to be made for each identified hazard to reduce the risks involved in running the activity. These changes will need to be incorporated into the assessment of how hazards can be reduced or avoided to respond appropriately to the exceptional circumstances you are now facing.

Notes for exceptional circumstances.**Signed****Date**