**ROWING IRELAND COVID-19 RELATED EXAMPLE RISK ASSESSMENT TEMPLATE.**

**Risk Assessment Methodology**

In keeping with typical Risk Assessment methodology, hazards in this document are referenced as Risk Items. The Risk Items will typically be either management issues (e.g. poor sanitation practices), physical features which act as shared touchpoints which will allow the spread of the virus, or physical features which do not allow adequate physical distancing between persons.

The risk assessments are separated into two categories, as follows:

*Universal risks* which could be applied to any club and organisation. *Site Specific risk assessments* must be carried out by Clubs to identify risks which are unique to their own facilities and organisation based on defined aspects, i.e. Club house facilities, access and egress to boat house, club house, communal spaces, communication methods etc.

The identification of Risk Items is based on assessment against the recommendations in the relevant guidance documents as applied to an organisation having regard to the application of professional judgement and common sense to the particular circumstances.

**Inspection Methodology**

The inspection of the premises will be carried out by (INSERT NAME). The inspection should will include any observations of physical limitations or installations, cleaning methods, specific work practices, administrative processes and so forth.

**Evaluation of Risk Items**

The second step in the process (INSERT NAME) will assess the Risk Item. This involves three sub-steps as follows:

* Assign an Occurrence Rating to the Risk Item (Likelihood)
* Assign an Impact Rating to the Risk Item (Anticipated Severity)
* Assign an overall score to the Risk which is product of the Likelihood and Impact rating to give an overall Risk Rating

The likelihood rating is judged by reference to the likelihood of the Risk Item occurring in accordance with the following scoring criteria:

**Rare/Remote Unlikely Possible Probable Almost Certain**

Impact Scoring is based on the anticipated severity of the outcome. In scoring impact, the Risk Item is graded from 1 to 5, with 5 indicating the most serious outcome and 1 the least severe outcome. The scoring criteria are as follows:

* Negligible harm (Escape Unharmed)
* Minor harm (Minor Injury)
* Moderate harm (Injury)
* Major harm (Major Injury/Death)
* Extreme harm (Multiple Deaths)

The product of the two scoring outcomes provides an overall Risk Rating based on the following table:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **SEVERITY** |  |  |
| **EXTREME**  **HARM** | **MAJOR**  **HARM** | **MODERATE**  **HARM** | **MINOR**  **HARM** | **NEGLIGIBLE**  **HARM** |
|  |  |  | **5** | **4** | **3** | **2** | **1** |
| LIKELIHOOD | **ALMOST**  **CERTAIN** | **5** | 25 | 20 | 15 | 10 | 5 |
| **PROBABLE** | **4** | 20 | 16 | 12 | 8 | 4 |
| **POSSIBLE** | **3** | 15 | 12 | 9 | 6 | 3 |
| **UNLIKELY** | **2** | 10 | 8 | 6 | 4 | 2 |
| **RARE** | **1** | 5 | 4 | 3 | 2 | 1 |

The numerical scale used is to allow comparisons of the risk levels only. No literal meaning is implied by the scoring level.

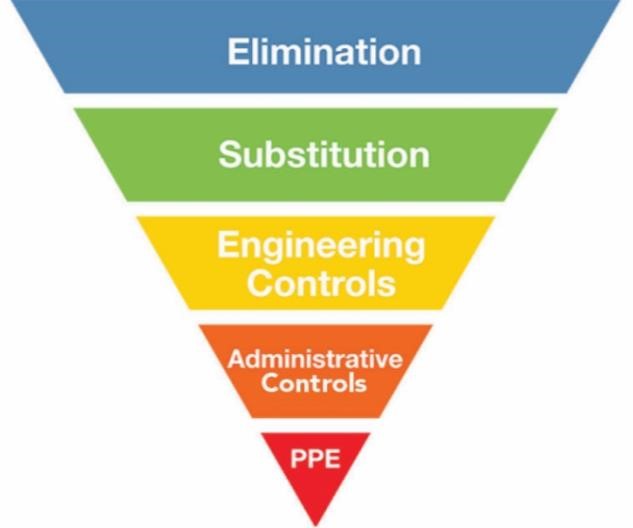
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| --- | --- | --- |
|  | KEY TO SHADING |  |
| 15 - 25 | Level of risk is unacceptable. | HIGH |
| 8 - 12 | Level of risk may be tolerable. Seek to reduce level of risk. | MEDIUM |
| 1 – 6 | Level of risk is acceptable | LOW |

|  |  |
| --- | --- |
| **WHO IS AFFECTED BY THE RISK** | |
| Abbreviate  P = | actions used in the ‘To Whom’ column of the assessment relate to:  Public |
| S = | Sports Players/ Participants/Members |
| V = | Visitors |

**Control Measures**

The control measures, indicated within the fifth column of the assessment, , named ‘Proposed Criteria for Resumption’ below, are considered to be reasonably practicable measures, to mitigate or eliminate the Risk Items. The objective is to reduce; either immediately or within a reasonable timeframe; the level of risk completely or to a tolerable or acceptable level.

Below is the Hierarchy of controls which will be considered when carrying out a Risk Assessment at your club.

**Elimination** Physically remove the hazard

**Substitution** Replace the hazard

**Engineering controls** Isolate people from the hazard

**Administrative controls C**hange the way people carry out the task

**Personal protective equipment** Protect the person with PPE

**Residual Risk**

The residual risk is the level of the remaining risk produced when proposed control measures have been applied. It is necessary to ensure that the risk control measures are fully implemented to achieve these levels.

**RISK ASSESSMENT RESULTS**

Results of club risk assessment of the day to day activities for running of the club will be recorded in tables in Appendix A.

*Universal Risk Assessment – Appendix A.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SUBJECT AREA** | **HAZARDS**  **AND EFFECT** | **TO**  **WHOM** | **PRIMARY RISK**  **BASED ON NO**  **CONTROLS** | | | **EXISTING CONTROL**  **MEASURES** | **RESIDUAL RISK** | | | **ACTION REQUIRED WHERE**  **RISKS ARE NOT ADEQUATELY**  **CONTROLLED** |
| **SEVERITY** | **LIKELIHOOD** | **RISK** | **SEVERITY** | **LIKELIHOOD** | **RISK** |
|  |  |  |  | | | **UNIVERSAL RISKS** |  | | |  |
| **Lack of**  **Information** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 3 | **12** | * Provide COVID-19 Induction training to all members before the event * Update all relevant documents and communicate the updated information * Provide Signage in key locations * COVID-19 Event Covid officers to check daily updates from the Government | 4 | 1 | **4** | Encourage all members to follow news and guidelines provided by the public health authorities.    Perform regular toolbox talks and circulars to remind members of current protocols, and new updates |
| **Shaking Hands**  **/ Physical**  **Greeting** | Serious  Illness &  Spread of  Virus | P, S, V | 4 | 4 | **16** | * Provide COVID-19 Induction training to all members before the event. * Signage to be displayed of the spread of the virus * COVID-19 Event Covid Officers to monitor and discourage. | 4 | 3 | **12** | A culture change is needed to discourage hand shaking and other forms of physical greeting. COVID-19 Compliance Officers to be  vigilant in monitoring and reminding members |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SUBJECT AREA** | **HAZARDS AND EFFECT** | **TO WHOM** | **PRIMARY RISK BASED ON NO CONTROLS** | | | **EXISTING CONTROL MEASURES** | **RESIDUAL RISK** | | | **ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED** |
| **SEVERITY** | **LIKELIHOOD** | **RISK** | **SEVERITY** | **LIKELIHOOD** | **RISK** |
| **Washing /**  **Cleansing Hands** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * Provide COVID-19 Induction training to all persons before the event. * Signage on hygiene to be displayed at the entrances, and other appropriate locations * Signage to be displayed at sinks indicating correct method on how to wash hands effectively * Hand sanitiser stations to be positioned at entrances and near common touch points | 4 | 2 | **8** | Regular Toolbox Talks to remind members of good hygiene practices |
| **Document sharing** | Spread of Virus | P, S, V | 4 | 4 | **16** | * No paper documents to be handed out or shared with members where practicable * All information to be stored on a share drive. Security protocols to be put in place as required. * All documents to be sent via email or link | 4 | 2 | **8** |  |
| **Physical Distance** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * Regattasite to be laid out to allow 2m social distancing * Rooms to be laid out to allow 2m social distancing, or, where seats are 1m<2m, screens/solid guarding to be provided between members * Limit the number of rowers at the event * Event time table to be created to reduce number of persons at any one time | 4 | 2 | **8** | A culture change is needed to discourage people from stopping in large groups to converse or lean in to hear conversations. COVID-19 Officers to be vigilant in monitoring and reminding members |

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| **SUBJECT AREA** | **HAZARDS AND EFFECT** | **TO WHOM** | **PRIMARY RISK BASED ON NO CONTROLS** | | | **EXISTING CONTROL MEASURES** | **RESIDUAL RISK** | | | **ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED** |
| **SEVERITY** | **LIKELIHOOD** | **RISK** | **SEVERITY** | **LIKELIHOOD** | **RISK** |
| **Physical Distance** |  |  |  |  |  | * Limit number of chairs in a meeting room, or where seats can’t be removed, blank off seats less than 2m from each other. * Signage to remind members to stay physically distance * Provide COVID-19 Induction training to all members before the event. * All members to complete health declaration * Spectators are not permitted to watch the event. * Masks to be worn by all attending the event that are not on the water (ON WATER MASK OFF, OFF THE WATER MASKS ON). |  |  |  |  |
| **Unavoidable**  **Close Contact – First Aid** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 5 | **20** | * Persons must wear appropriate PPE and follow strict hygiene protocols * Create an exclusion zone around their activity * Direct contact log for each person must be kept | 5 | 3 | **15** |  |
| **Shared**  **Touchpoints:**  **Gates, Toilets,**  **Light switches, Door handles, etc.** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * All hard surfaces, light switches and door handles are to be disinfected on a regular basis. * Hand sanitizer to be available at entrances and key locations of shared touchpoints (e.g. boat houses, toilets, gates, sign-in areas, etc.) * Mechanism for leaving doors/gate open to reduce requirement to touch surface should be considered. * High touch items to be cleaned regularly during the event. | 4 | 2 | **8** | Disinfectant to be made readily available to all members to allow them clean down surfaces |
| **Handrails** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * Clubs to ensure handrails are cleaned regularly * Hand sanitizer made available to allow persons to sanitise their hands after using handrails | 4 | 2 | **8** |  |

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| **SUBJECT AREA** | **HAZARDS AND EFFECT** | **TO WHOM** | **PRIMARY RISK BASED ON NO CONTROLS** | | | **EXISTING CONTROL MEASURES** | **RESIDUAL RISK** | | | **ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELYCONTROLLED** |
| **SEVERITY** | **LIKELIHOOD** | **RISK** | **SEVERITY** | **LIKELIHOOD** | **RISK** |
| **Meetings** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * To be done remotely if possible * Meeting room to be set up to allow social distancing • No physical greeting * Captains and safety brief to be done remotely. (i.e., Zoom) | 4 | 2 | **8** |  |
| **Shared**  **Appliances – Kettle, Coffee-**  **Machines;**  **Water Coolers,**  **Printers** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * All appliances to be disinfected regularly * Users to sanitise hands before and after use * Disinfectant to be made available * Signage to be displayed in relevant areas | 4 | 2 | **8** |  |
| **Water bottles and refill station** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * Members shall not share water bottles or other drinking vessels * Water bottles should not be allowed to touch the taps or spouts to avoid contamination. * Members advised to clean water bottles regularly | 4 | 2 | **8** |  |
| **Cutlery, cups and glass ware** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * Club house and refreshment facilities to remain closed until permitted. * Once open, Government and Health Authority advice should be followed. | 4 | 2 | **8** |  |
| **Toilets** | Serious  Illness | P, S, V | 4 | 4 | **16** | * Flush handles and sink taps to be cleaned regularly * Water and soap to be provided | 4 | 2 | **8** | Persons should avoid taking the sink/urinal beside |

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| **SUBJECT AREA** | **HAZARDS AND EFFECT** | **TO WHOM** | **PRIMARY RISK BASED ON NO CONTROLS** | | | **EXISTING CONTROL MEASURES** | **RESIDUAL RISK** | | | **ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED** |
| **SEVERITY** | **LIKELIHOOD** | **RISK** | **SEVERITY** | **LIKELIHOOD** | **RISK** |
| **Toilets** | Spread of Virus |  |  |  |  | * No towels or hand dryers, disposable tissue only • Social distancing should be observed at all times. * Limit the number of people permitted in the bathroom at any one time. |  |  |  | One another person if another is available |
| **Emergency evacuation** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * In case of an Emergency Evacuation normal procedures must be followed * Installation of new screens or barriers should not impede the evacuation routes | 4 | 4 | **16** | In an emergency, the immediate risk to life will override physical distancing protocols. |
| **Travelling by**  **Public**  **Transport** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * Members advised against using public transport to the event. * Where public transport is the only option for members, then regular talks reminding them of protocols. * Persons should be briefed of correct hygiene and protocols when using Public Transport * All persons using public transport should wash their hands as soon as they arrive at the club | 4 | 2 | **8** | Additional car and bicycle parking may be required to facilitate those who can no longer travel by public transport. |
| **Waste Bins** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * All rubbish to be disposed of accordingly * All bins to be disposed of after every day that the club is in use * Appropriate PPE gloves to be used when bringing out the bins | 4 | 2 | **8** |  |
| **Deliveries** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * Deliveries to be scheduled at a specific time * Physical distance to be implemented * Do not sign for the deliveries but advise them of your name * Request invoices and receipts to be sent via email. * Paperless to be encouraged | 4 | 2 | **8** | COVID-19 Compliance  officer to keep a log of all deliveries |

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| **SUBJECT AREA** | **HAZARDS AND EFFECT** | **TO**  **WHOM** | **PRIMARY RISK**  **BASED ON NO**  **CONTROLS** | | | **EXISTING CONTROL MEASURES** | **RESIDUAL RISK** | | | **ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED** |
| **SEVERITY** | **LIKELIHOOD** | **RISK** | **SEVERITY** | **LIKELIHOOD** | **RISK** |
| **Car park** | Serious  Illness  Spread of  Virus | P, S, V | 3 | 2 | **6** | * If Controlled Access present consideration should be made to leaving gates open. * Clubs may wish to designate parking spaces to encourage social distancing. * Members should be discouraged from lingering in carparks before and after the event. * Members should arrive 5 mins before event preparation time. * Trailer parking should be set out to allow adequate space or each participating club. | 4 | 1 | **4** |  |
| **Entrances** | Spread of Virus | P, S, V | 4 | 4 | **16** | * If present, swipe cards to be disinfected regularly, pin pads to be disinfected regularly – consider deactivating locking mechanism while in use. * Hand Sanitizer to be available at every entrance to clubhouse and pitches and use of same promoted. Covid-19 officer to ensure these are adequately stocked * Signage to be present at entrances advising on physical distancing * Installation of guarding or queue management systems where appropriate. * Implementation of one-way systems | 4 | 2 | **8** |  |
| **Spectators** | Spread of Virus | P, S, V | 4 | 4 | **16** | * Follow local protocols and guidance * Controlled Access of visitors is in place * Visitors are allowed access by invitation only and are escorted at all times. * Non-Essential visitors to be restricted * All visitors must complete a health declaration prior to arriving on site * If feeling unwell, visitors must not come to the club * No hand shaking * Pre arrival time to be given, visitors cannot show up unannounced | 4 | 2 | **8** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SUBJECT AREA** | **HAZARDS AND EFFECT** | **TO WHOM** | **PRIMARY RISK BASED ON NO CONTROLS** | | | **EXISTING CONTROL MEASURES** | **RESIDUAL RISK** | | | **ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED** |
| **SEVERITY** | **LIKELIHOOD** | **RISK** | **SEVERITY** | **LIKELIHOOD** | **RISK** |
|  |  |  |  |  |  | • Visitors time to be kept as short as possible |  |  |  |  |
| **Changing rooms / lockers / Showers** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * Club houses and changing rooms are to remain closed until permitted to do so. * Once in use social distancing guidelines must be followed. * Must be disinfected throughout the day * Must be kept clean and tidy. Personal belongings to be store correctly. * Signage to encourage social distancing * numbers at anyone time to be limited | 4 | 2 | **8** |  |
| **Refreshment Facilities** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * Clubhouse and refreshment facilities to remain closed until permitted to do so. * Once permitted to open current Government and Health Authority guidelines must be followed – this may include requirement for - * queue management systems * disposable utensils and cups * individual condiment packets * Table and chairs to cleaned after use * Tables and chairs spaced to allow 2m distancing * Gloves for staff handling cash * Screen between servery/till and customer * Appliances disinfected regularly | 4 | 2 | **8** | This include BBQs and other outdoor catering. |
| **Kitchens** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * Clubhouse and kitchen facilities to remain closed until permitted to do so. * Once permitted to open current Government and Health Authority guidelines must be followed. * Follow normal HAACP guidelines | 4 | 2 | **8** | Consider Separate utensils and condiments for each prep station. |

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| **SUBJECT AREA** | **HAZARDS AND EFFECT** | **TO WHOM** | **PRIMARY RISK BASED ON NO CONTROLS** | | | **EXISTING CONTROL MEASURES** | **RESIDUAL RISK** | | | **ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED** |
| **SEVERITY** | **LIKELIHOOD** | **RISK** | **SEVERITY** | **LIKELIHOOD** | **RISK** |
|  |  |  |  |  |  | • Clean surfaces and utensils regularly |  |  |  |  |
| **Bar** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * Clubhouse and bar facilities to remain closed until permitted to do so. * Once permitted to open current Government and Health Authority guidelines must be followed. This may include - * Glassware to be carefully washed and collected using gloves * All utensils to be regularly cleaned * Seating & tables to be spaced to allow 2m separation | 4 | 2 | **8** |  |
| **Equipment** | Serious  Illness  Spread of  Virus | P, S, V | 4 | 4 | **16** | * equipment shall only be used when permitted to do so. * Limit the number of persons using the same equipment * Clean oars before and after each race * Clean equipment before and after each use * Label equipment to assist in identifying same | 4 | 2 | **8** |  |

*Appendix B*

*Key Personnel & Information*

**KEY PERSONNEL**

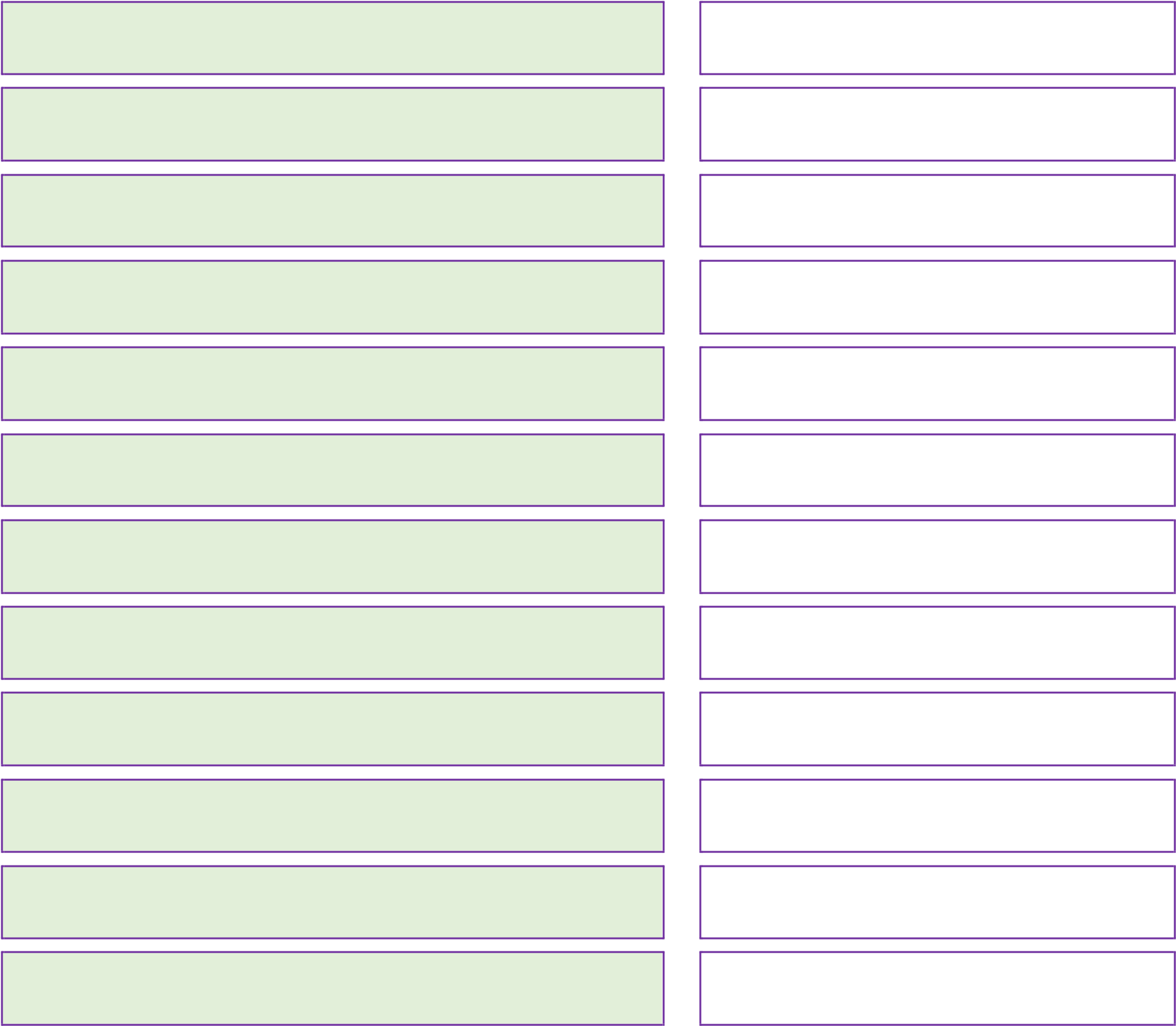
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| --- | --- | --- |
| **EVENT DIRECTOR/CHAIRPERSON** |  |  |

|  |  |  |
| --- | --- | --- |
| **EVENT SECRETARY** |  |  |

|  |  |  |
| --- | --- | --- |
| **EVENT COVID OFFICER** |  |  |

|  |  |  |
| --- | --- | --- |
| **VOLUNTEER MANAGER** |  |  |

|  |  |  |
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| **CLUB SAFETY OFFICER** |  |  |



**PARTICULARS OF THE PREMISES**

|  |  |  |
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| **AVERAGE NUMBER OF PEOPLE AT THE EVENT:** |  |  |

|  |  |  |
| --- | --- | --- |
| **ESTIMATED NUMBER OF PEOPLE ENTERED IN THE EVENT:** |  |  |

**LOCATION OF ISOLATION ROOM**

|  |  |  |
| --- | --- | --- |
| **ISOLATION ROOM 1:** |  |  |

|  |  |  |
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| **ISOLATION ROOM 2:** |  |  |

**CLEANING COMPANY**

|  |  |  |
| --- | --- | --- |
| **NAME:** |  |  |

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| --- | --- | --- |
| **TELEPHONE** |  |  |

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| **EMAIL** |  |  |

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| --- | --- | --- |
| **CONTACT NAME:** |  |  |

|  |  |  |
| --- | --- | --- |
| **CONTACT DETAILS:** |  |  |

**IN HOUSE CLEANING**

|  |  |  |
| --- | --- | --- |
| **CONTACT NAME:** |  |  |

**EMERGENCY CONTACTS**

|  |  |  |
| --- | --- | --- |
| **AMBULANCE SERVICES** |  | **999** |

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| **MEDICAL OFFICER OF HEALTH** |  |  |

*Appendix C*

*Visitor Declaration*

**VISITOR HEALTH DECLARATION**

|  |  |  |  |  |  |
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|  | **QUESTION** |  | **YES** |  | **NO** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | Have you been in close contact (<2m for 15minutes or more) with anyone who is confirmed to COVID-19 virus in the last 14 days? |  |  |  |  |

|  |  |  |  |  |  |
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| **2** | Have you been in close contact (<2m for 15minutes or more) with anyone who is suspected of having COVID-19 virus in the last 14 days? |  |  |  |  |

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| **3** | Do you live in the same household with someone who has symptoms of COVID-19 who has been in isolation within the last 14 days? |  |  |  |  |

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| **3** | Have you been advised by a doctor to self-isolate at this time? |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **4** | Are you suffering now, or have you suffered any the following symptoms in the past 14 days? |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **A** | Cough? |  |  |  |  |
| **B** | Breathing difficulties? |  |  |
| **C** | Fever/ High temperature? |  |  |
| **D** | Sore Throat |  |  |
| **E** | Runny Nose |  |  |
| **F** | Flu Like Symptoms |  |  |
| **G** | Rash |  |  |
| **H** | Loss Of Smell/Taste |  |  |

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| **7** | Have you returned to Northern Ireland from another country within the last 14 days? |  |  |  |  |

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| --- | --- | --- |
| If “**YES**”, where? |  |  |

I confirm that I have responded to the questions above truthfully based on my current condition and I commit to advising the person I am meeting and excluding myself if this situation changes, (i.e. if a point in the future, I would answer “YES” to any of the above questions).

|  |  |
| --- | --- |
| **NAME:** |  |

|  |  |
| --- | --- |
| **SIGNATURE:** |  |

|  |  |
| --- | --- |
| **DATE:** |  |

|  |  |
| --- | --- |
| **VISITING:** |  |

**EVENT CHECKLIST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **EVENT NAME** | | **EVENT COVID OFFICER** | | |  | | --- | |  | | | | | |  | | --- | | **DATE:** | | **TIME:** | | **Evening** | | **YES NO** | | |  | | --- | |  | | |
| |  | | --- | |  | | | | | |  | | --- | |  | | |
| |  | | --- | | **Pre event**  **YES NO** | | | |  | | --- | | **AM** | | **YES NO** | | |  | | --- | | **NOON** | | **YES NO** | | |  | | --- | | **PM**  **YES NO** | | |  | | --- | | **POST EVENT** | | **YES NO** | |  |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **HYGIENE** |  |  |  |  | **YES** | **NO** | | |  |  |

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| 1 | Hand Sanitizers available at key areas |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Soap is available at all hand washing facilities |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | Waste Bins in place |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | High Touch Facilities disinfected during the event |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | Disinfectant available for all participants to clean down surfaces as required. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **DOCUMENTATION YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |

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| 6 | Have all participants provided Personal Assessment Declaration |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | Are all rowers cleared to row? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | Has the club received any return from illness forms? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **DELIVERIES YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |

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| 9 | Were there any schedule deliveries? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | Were they wearing appropriate PPE? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | Was social distance practiced on arrival? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| |  |  |  |  | | --- | --- | --- | --- | | **COMMUNICATION** |  | **YES** | **NO** | | | |  |  | | --- | --- | | **YES** | **NO** | |  |  | |  |  | | |  |  | | --- | --- | | **YES** | **NO** | |  |  | |  |  | | |  |  | | --- | --- | | **YES** | **NO** | |  |  | |  |  | | |  |  | | --- | --- | | **YES** | **NO** | |  |  | |  |  | | |  |  | | --- | --- | | **YES** | **NO** | |  |  | |  |  | | |  |  | | --- | --- | | **YES** | **NO** | |  |  | |  |  | |
| |  |  | | --- | --- | | 13 | Is Signage in place, visible, and up-to-date? | | 14 | Have event staff received information and training? | | |  |  | | --- | --- | |  |  | |
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| 15 | Have toolbox talks been carried out? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **CHECK-IN** | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |

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| 16 | Queuing system in place and being observed \* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 | Sanitiser available for players as required. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 | Signage in place at check-in |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PLAYERS YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |

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| 19 | Participants briefed on event protocols |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **TRAINING ACTIVITIES** | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |

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| 20 | Event Activities in line with Government Guidelines |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **EQUIPMENT USE YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |  | **YES NO** |

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| 21 | Equipment sanitised before each race |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |
| 22 | Equipment sanitised after each race |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  | | | | | | | | |  |  | | --- | --- | |  |  | | **YES NO** | | |  |  | |  |  | |  |  | |  |  | | | | | |  |  | | --- | --- | |  |  | | **YES NO** | | |  |  | |  |  | |  |  | |  |  | | | | | |  |  | | --- | --- | |  |  | | **YES NO** | | |  |  | |  |  | |  |  | |  |  | | | | | |  |  | | --- | --- | |  |  | | **YES NO** | | |  |  | |  |  | |  |  | |  |  | | | | | |  |  | | --- | --- | |  |  | | **YES NO** | | |  |  | |  |  | |  |  | |  |  | | | | | |  |  | | --- | --- | |  |  | | **YES NO** | | |  |  | |  |  | |  |  | |  |  | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Sanitization** |  | **YES** | **NO** | | | | | | | | |
| |  |  | | --- | --- | | 23 | Has the rubbish been disposed of appropriately? | | 24 | Have all surfaces & touchpoints cleaned thoroughly: | | 25 | Have all toilets and sinks been disinfected | | 26 | Hand washing facilities include soap hot water, disposable towels in place | | | | | |  |  | | --- | --- | |  |  | | | | |
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| **INITIALS:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **DATE:** |  |  |  |  |  |  |  |

NOTES