### COVID-19 Contractor Checklist – Inviting Contractors on Site

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| Contractor name |  | Area(s) contractor requires access to |  |
| Type of work being undertaken |  | Date(s) contractor on site |  |

**A – Specific Hazards**

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| Hazards specific to the task: |
| Hazards specific to the premises: |
| Who may be harmed? |

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| Assessment Checklist | Yes | No | N/A |
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| **Information** | | | |
| Have your employees been advised on the latest government guidance on COVID-19, including what to do if they become ill? |  |  |  |
| Have your employees received appropriate training in minimising the transfer of COVID-19 at work? |  |  |  |
| Has a call to the contractor been undertaken to establish their COVID-19 policy? |  |  |  |
| Are details available of who will supervise the contractors on site to ensure good hygiene practices are observed? |  |  |  |
| **Personal protective equipment (PPE)** | | | |
| Are there any PPE requirements on site required to protect vulnerable persons? |  |  |  |
| **Welfare** | | | |
| Are there suitable handwashing/welfare facilities available for contractor use? |  |  |  |
| Are there suitable waste facilities for disposal of single-use PPE worn by contractors? |  |  |  |
| Is there a suitable area for contractors to take rest breaks? |  |  |  |
| **Site arrangements** | | | |
| Is any of the work being done off site to minimise exposure time? |  |  |  |
| Can the work be moved outside or to a location where there are minimal persons? |  |  |  |
| Can barriers be used around the work area to maintain a safe distance between contractors and others in the vicinity? |  |  |  |
| Are there any areas on site that contractors need to avoid? |  |  |  |

**B – Assessment Rating**

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| **The current risk assessment rating is considered to be: Tick** | | |
| **High risk** | Fatal or major injuries or irreversible health effects to one or more people are highly probable. |  |
| **Medium risk** | Serious injury or ill-health effects are possible. |  |
| **Low risk** | Minor injury or reversible minor health effects may occur. |  |
| **Insignificant** | The activity presents no greater risk than those associated with life in general. |  |

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| **Action required** | **By** | **Priority** | **Timescale** | **Completed** |
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| Manager’s signature |  | Print name |  | Date |  |