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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Week Commencing  \_\_\_\_\_\_ | Week Commencing  \_\_\_\_\_\_ | Week Commencing  \_\_\_\_\_\_ | Week Commencing  \_\_\_\_\_\_ | Week Commencing  \_\_\_\_\_\_ | Week Commencing  \_\_\_\_\_\_ | Week Commencing  \_\_\_\_\_\_ | Week Commencing  \_\_\_\_\_\_ |
| Is there suitable COVID-19 signage around the premises? |  |  |  |  |  |  |  |  |
| Is there hand sanitiser located at the entrance and strategically around the premises? Does it need replenishing? |  |  |  |  |  |  |  |  |
| Do all staff have the correct Personal Protective Equipment available? |  |  |  |  |  |  |  |  |
| Have you checked the latest government guidance for any updates or changes? |  |  |  |  |  |  |  |  |
| Are staff and visitors following social distancing rules? |  |  |  |  |  |  |  |  |
| Have you reviewed the layout of workspaces to ensure social distancing is complied with, and no working face-to-face or within 2 metres of each other? |  |  |  |  |  |  |  |  |
| Is regular, enhanced cleaning being carried out of all touch points and the welfare facilities? |  |  |  |  |  |  |  |  |
| Are only essential meetings being conducted face-to-face and are only essential visitors being allowed into the building? |  |  |  |  |  |  |  |  |
| **Name of person completing the checks** |  |  |  |  |  |  |  |  |
| **Tick or cross the boxes to show checks have been carried out and enter your name in the bottom box. Any issues identified must be reported to a manager *immediately*.** | | | | | | | | |