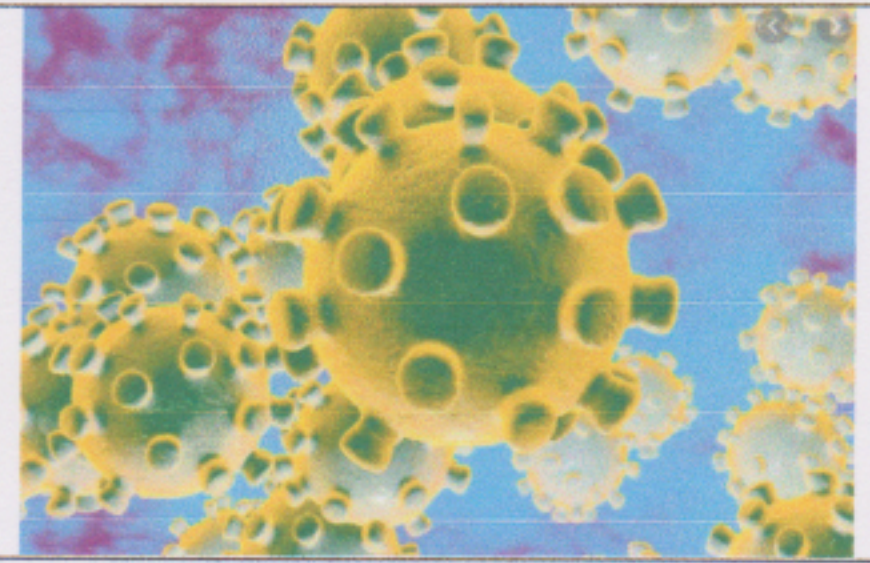




Petit Pois Restaurant Ltd



Specific Risk Assessment:
 (For further information on completing this form see the separate instruction sheet)
 Reference No: RA-Coronavirus

Hazard - Assessment: [Subject being assessed e.g. Use of a machine, A work area, Cash handling, etc]
 Contracting Coronavirus

Location / Work Area Within the premise visited by the H&S Consultant, Consultants, Techs and BDEs

- Risks Identified** (e.g. Hazard / Oil spillage-Risk / Serious injury due to slips and falls).
 Use your general risk assessments supplied, to assist you with the identification of your hazards.
- Illness to the person with flu like symptoms particularly those at a vulnerable age, respiratory conditions and other underlying health issues
 - Transfer of virus from 1 person to another
 - Persons visiting other countries may come into contact with the virus either through business or holiday
 - Damage to business through no visits and decreasing sales
 - Staff absent from work due to isolation and disruption of business
 - Failure to carry out the service where a backlog of visits may occur
 - No disaster recovery or business continuity plan in place

Persons at Risk (enter a ✓ in the box of those affected)

Employees	Y	Young Persons (Under 18 years /individual assessment)	Y
Contractors/Visitors/Customers	Y	Pregnant Worker (individual assessment required)	Y
General Public	Y	Others (e.g. Disabled Workers)	

Existing Risk Controls (e.g. Protective clothing, Training, Preventative maintenance, Guarding, Signage)

- All employees should access the World Health Organisations website and the regular UK updates that can be found on the .gov and NHS website.
- All employees who travel abroad must inform personnel and their manager so that this can be assessed for safe return.
- In extreme cases, clinical masks can be worn.
- In the event of a person exhibiting symptoms of Coronavirus they should self-isolate for seven days and notify the employer through the usual absence reporting channels
- Hand sanitiser should be provided.
- Personal hygiene is in place. Regular washing of hands with soap and water.
- Posters are displayed in communal areas such as toilets reminding staff of good personal hygiene
- Business continuity plan (BCP) to be evoked.
- Certain people may have to work from home if resources are available and if it is viable

TAKING INTO ACCOUNT THE EXISTING RISK CONTROLS. Select from the table below the likelihood of harm and the severity of the harm. (Enter a ✓ in the relevant boxes)

RISK EVALUATION KEY

		Consequences				
		Insignificant - 1	Minor - 2	Moderate - 3	Major - 4	Catastrophic - 5
Likelihood	Rare - 1	Low	Low	Low	Low	Medium
	Unlikely - 2	Low	Low	Medium	Medium	Medium
	Moderate - 3	Low	Medium	Medium	Medium	High
	Likely - 4	Low	Medium	Medium	High	High
	Almost Certain - 5	Medium	Medium	High	High	High

Likelihood of Harm/Injury	Almost Certain	5	Likely	4	Moderate	3	Y	Unlikely	2	Rare	1
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Severity of Harm/Injury	Catastrophic	5	Major	4	Y	Moderate	3	Minor	2	Insignificant	1
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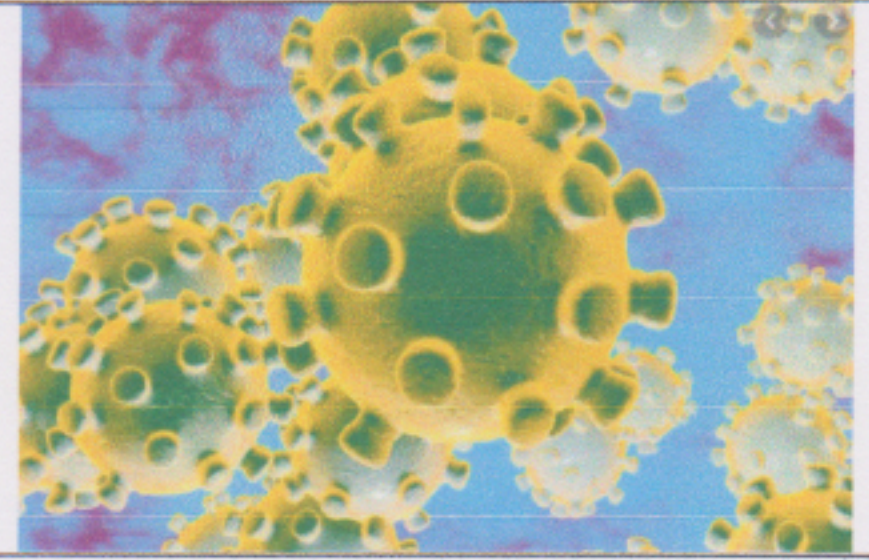
LIKELIHOOD OF HARM / INJURY x SEVERITY OF HARM / INJURY = RISK RATING

Risk Rating (enter a ✓ in the relevant box below)

3	x	4	=	12	Very High Risk 15+	Medium Risk 5-14	Y	Low Risk 1-4
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Petit Pois Restaurant Ltd



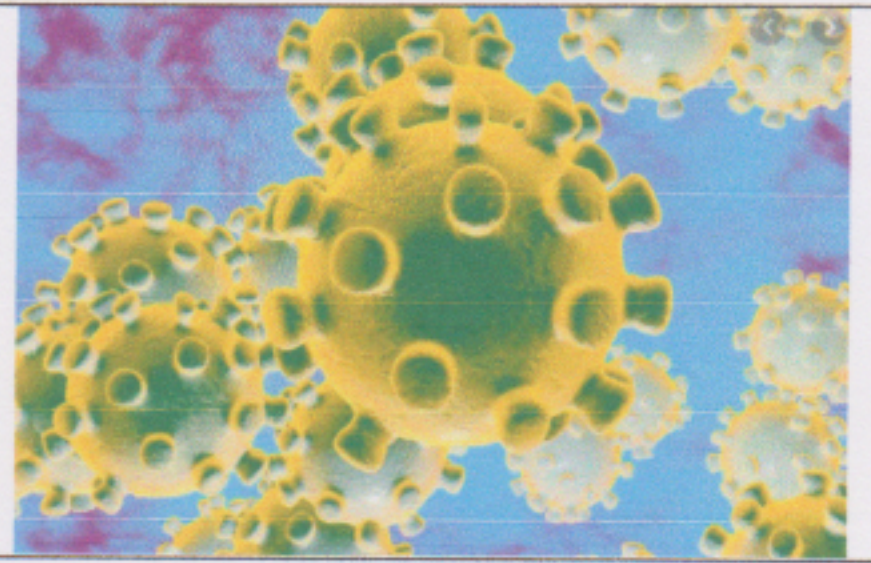
Specific Risk Assessment:

(For further information on completing this form see the separate instruction sheet)

Reference No: RA-Coronavirus



Petit Pois Restaurant Ltd



Specific Risk Assessment:

(For further information on completing this form see the separate instruction sheet)

Reference No: RA-Coronavirus

Now you have established the risk level consider how frequently is the risk is likely to arise (enter a ✓ in the relevant box below)

Continual	<input checked="" type="checkbox"/>	Frequent	<input type="checkbox"/>	Minimal	<input type="checkbox"/>
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Now you have completed your initial assessment answer the question below:-

Do you consider the risk controls adequate?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Is there any reference to additional assessments (e.g. CoSHH and manual handling)

Risk Assessment:	Ref No:	Risk Assessment:	Ref No:	Risk Assessment:	Ref No:

What further ACTION is required to reduce the risk

To be reviewed on a fortnightly basis or as circumstances dictate.

Action to be implemented by:	Target Date:	Completed Date:

Initial assessment completed by:	Name: IVANA ROY	Signature: 	Date: 30/06/2020
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Assessment review:	Date of first review:

Assessment review completed by:	Name:	Signature:	Date:

Reason for review:	Annual Review:	Changes:	Accident/Incident:

Comments:

Assessment review completed by:	Name:	Signature:	Date:

Reason for review:	Annual Review:	Changes:	Accident/Incident:

Comments:

Assessment review completed by:	Name:	Signature:	Date:

Reason for review:	Annual Review:	Changes:	Accident/Incident:

Comments:

Assessment review completed by:	Name:	Signature:	Date:

Reason for review:	Annual Review:	Changes:	Accident/Incident:

Comments: