

# RISK ASSESSMENT FORM CARLTON TOWN FC

A.

<b>Ref No:</b>	002	<b>Company:</b>	Greenwood Cooling Services Ltd
<b>Assessment type</b>		<b>Assessment date</b>	<b>Assessment carried out by</b>
Initial	x	28/07/2020	M GREENWOOD
Review		<b>Location within workplace</b> STOKE LANE GEDLING	

B.

Description of activity being assessed	Persons specifically at risk
Astro turf Training	Players, Coaches, officials, parents

<b>Severity</b>	5	<b>Probability</b>	2	<b>Rating</b>	<b>S x P =</b>		<b>Risk rating</b>	10	<b>M</b>
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No.	Significant hazard	Control measures needed	Control measure in place	
			No	Yes
1.	Covid -19	Temperature checks on arrival, return home if high		x
2.		Sanitisation posts on all entry and exit routes		x
3.		Single way walk ways marked and enforced		x
4.		Maximum group size currently 30 people		x
5.		Changing rooms closed		x
6.		Track & trace paperwork completed on arrival by all saved or 21 days		x
7.		Pre arrival information and induction letter read, completed & signed		x
8.		Social distance markers around perimeter of court	x	
9.		Car park distance parking and signage to entrance	x	
10.		Sanitisation of all equipment between use & on daily completion		x
11.		Leave via designated & marked exit route to carpark		x
12.				

**Low risk rating will only be achieved if all the above control measures are implemented.**

C.

Current risk rating		
Low	Medium	High

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**Low is the preferred acceptable risk rating.**

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 1. Adequate control measures are in place and low risk rating achieved?                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Additional control measures are required from section B to reduce the risk rating to low? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. Are other risk assessments required for this work activity? ( <i>tick below</i> )         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

P.P.E <input checked="" type="checkbox"/>	D.S.E <input type="checkbox"/>	Pregnant Worker <input type="checkbox"/>	Other <input type="checkbox"/>
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Manual Handling <input type="checkbox"/>	C.O.S.H.H <input checked="" type="checkbox"/>	Young Worker <input type="checkbox"/>
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**D.**

Review frequency		
Low: annually	Medium: 3 - 6 months	High: 1 - 3 months

Review Date	Date reviewed	Reviewed by	Signature
10/08/2020			

**E.**

Assessed by	Signature	Date
M Greenwood		28/07/2020

Endorsed by	Signature	Date