

RISK ASSESSMENT FORM CARLTON TOWN FC

A.

Ref No:	004
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Company:	Greenwood Cooling Services Ltd
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Assessment type	
Initial	x
Review	

Assessment date	Assessment carried out by
28/07/2020	M GREENWOOD

Location within workplace
STOKE LANE GEDLING

B.

Description of activity being assessed	Persons specifically at risk
Match Day	Players, Coaches, officials

Severity	5	Probability	2	Rating	S x P =		Risk rating	10	M
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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.		Clean kit to be put out individually for each player		x
5.		Used kit to be placed in to plastic bag for cleaning on completion by player and not touched by anybody else before cleaning		x
6.		Changing rooms adjusted to ensure distancing		x
7.		Track & trace paperwork completed on arrival by all saved or 21 days		x
8.		Pre arrival information and induction letter read, completed & signed		x
9.		Stagered pitch entry and exit both before during and after match		x
10.		Serving of food should be discouraged inside and only served as take away from remote outlet	x	
11.		Club officials should be descurredged from socialising in confined spaces	x	
12.		Goal post & ball should be sanitised on regular basis and multiball system		x

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		should be encouraged to all cleaning during play		
13.		Social distance markers around perimeter	x	
14.		Car park distance parking and signage to entrance	x	
15.		Sanitisation of all equipment between use		x
16.		Leave via designated & marked exit route to carpark		x
17.		Pichside coaching area's should be extended to allow for distancing		x
18.		Supporters are currently excluded from ground		x
19.				

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

C.

Current risk rating		
Low	Medium	High

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"/>
Manual Handling <input type="checkbox"/>	C.O.S.H.H <input checked="" type="checkbox"/>	Young Worker <input type="checkbox"/>	

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	Endorsed by	Signature	Date
M Greenwood		28/7/2020			