

RISK ASSESSMENT FORM CARLTON TOWN FC

A.

Ref No:	008
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Company:	Greenwood Cooling Services Ltd
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Assessment type	
Initial	x
Review	

Assessment date	Assessment carried out by
20/08/2020	M GREENWOOD

Location within workplace
STOKE LANE GEDLING

B.

Description of activity being assessed	Persons specifically at risk
Crowd control Stage 1	Players, Coaches, officials, crowd

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	Track & trace appointed official just inside gate		x
2.		Sanitisation posts on all entry and exit routes		x
3.		Single way walk ways marked and enforced		x
4.		Stands should be discouraged, although restricted for social distancing to 2 seat gap between each vacant seat and every other row		x
5.		Social distance markers around perimeter allowing for 6 people only to be together and 2m space before next group		x
6.		Maximum of 200 supporters total within ground to include car park and social areas		

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7		Track & trace paperwork completed on arrival by all saved or 21 days		x
8		Clearly defined walk ways to be in place to include snack bar entry and access		x
9		Club officials should be discouraged from socialising in confined spaces	x	
10		Car park distance parking and signage to entrance 2m apart, no group larger than 6 people outside	x	
11		Leave via designated & marked exit route to carpark main gate should be kept closed but not locked		x

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	x	D.S.E		Pregnant Worker		Other	
Manual Handling		C.O.S.H.H	x	Young Worker			

D.

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

Review Date	Date reviewed	Reviewed by	Signature
31/08/2020			

E.

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Assessed by	Signature	Date
M Greenwood		20/8/2020

Endorsed by	Signature	Date