

RISK ASSESSMENT FORM CARLTON TOWN FC

A.

Ref No:	003
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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
Club House & Grounds	Players, Coaches, officials, General public

Severity	5	Probability	1	Rating	S x P =		Risk rating	5	L
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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.		Social distance marking for all area's		x
5.		Restricted use of toilets to ensure distancing		x
6.		Track & trace paperwork completed on arrival by all saved or 21 days		x
7.		Single way system for bar area marked & enforced		x
8.		Car Park distance parking & signage to entrance	x	
9.		Sanitisation program set out and documented for all area's & recorded		x
10		Reduced club house capacity based on social distancing of seated people		x

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11		Exit via marked route to car park		x
12		Install serving screens to protect bar staff		x
13		Remove soft furnishing to enable quality cleaning		x
14		Internal seated area to be table service		x
15		External seated area to use bar vi9a queing system		x
16		Separate bar counter for indoor and outdoor seating		x
17		Social distance markings installed to all standing area's		x
18		Main stand when required should be restricted to small groups of not more than 6 people with distancing restrictions on seats		x
19		Disabled access new assessment 012		x

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

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C.

Current risk rating		
Low	Medium	High


Low is the preferred acceptable risk rating.

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|--|-------------------------------------|-------------------------------------|
| | 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
10/08/2020	11/09/2020	M Greenwood	
TBC			

E.

Assessed by	Signature	Date
M Greenwood		28/7/2020

Endorsed by	Signature	Date