




Organisation: HeliOperations (Portland and Somerton)		Assessment Ref: 20-47	Date: 08/12/2020
Section/Department: COVID 19 awareness for visitors - Workplace working		Assessment Type (Note 1) tick as appropriate	
		Specific	Generic
Activity/Process: RA to identify additional risks associated with activities of normal workplace working for: <ul style="list-style-type: none"> • COVID 19 awareness for visitors - Office working • COVID 19 awareness for visitors - Workplace (Hangar/Stores/Fire Station) 		Who is at risk:	
		All staff:	
		Operators and/or maintenance staff:	
		Visitors, vulnerable groups, public, etc:	
Ref	Hazard	Existing Control Measures (Note 2)	Significant Residual Risk. Assessment Reqd
1	Transmission of COVID 19 when office working	<ul style="list-style-type: none"> • Sign in HeliOperations facility using NHS App QR code • If office meetings are unavoidable maintain 2m social distancing • Use handwashing facilities before entering workplace and regularly throughout working day • Monitor personal temperature when entering workplace • Additional hand sanitiser available within workplace • Maintain 2m social distancing • Face masks to be worn 	NO
2	Transmission of COVID 19 when undertaking Hangar/Stores/Fire Station workplace activities	<ul style="list-style-type: none"> • Sign in HeliOperations facility using NHS App QR code • Use handwashing facilities before entering workplace and regularly throughout working day • Monitor personal temperature when entering workplace • Additional hand sanitiser available within workplace • Maintain 2m social distancing where possible during activities • Face masks to be worn 	NO



Likelihood		Risk Matrix		
Common, regular or frequent occurrence.	3	3 Med	6 High	9 High
Occasional occurrence.	2	2 Low	4 Med	6 High
Rare or improbable occurrence.	1	1 Low	2 Low	3 Med
Severity		1 Minor injury or illness.	2 Serious injury or illness.	3 Fatalities, major injury or illness.

Hazard Ref	RISK Associated with Hazard (Type of incident, injury or ill health)	Risk Rating (LxS)	Additional Controls Required (Note 3)
1	Transmission of COVID 19 when office working	2 x 2 = 4 MED	NO
2	Transmission of COVID 19 when hangar/stores/fire station working	2 x 2 = 4 MED	NO

Assessor (Note 4)		Manager (Note 4)		Overall Risk Rating (highest risk)
Name/ Signature:	S Wootton 	Name/ Signature:	Signed on Original	
Role:	Safety and Compliance Manager	Role:		

Manager Assessment Review (Note 4 and 5)			
Date:			Review frequency
Name/ Signature:			Annual

Notes:

1. If using a 'Generic' risk assessment, Assessors and Managers are to satisfy themselves that the assessment is valid for the task and that all significant hazards have been identified and assessed. If additional hazards are latterly identified they are to be recorded and the Generic assessment updated.
2. Only a reference to the safe system of work or simple description of the control measures is required. If the existing control measures reduce the risk to ALARP and the residual risk is considered not to be significant then no further assessment should be needed for the risk relating to that hazard.
3. If the risk assessment identifies the need for additional control measures, the risk relating to that hazard and any other hazard s affected by the change will need to be reassessed once the additional controls have been implemented.
4. Managers are to note that they are responsible for production of the risk assessment and that by completing this section they acknowledge ownership of the risk and that the risk assessment is suitable and sufficient. Signatures may be required by local procedures where hard copy risk assessments are used but are not necessary for soft copies as electronic signatures provide an audit trail.
5. Risk Assessments are to be reviewed:
 - at a frequency proportional to the risk (e.g. high risk – 6 monthly; medium risk – annually; low risk – every 2 years)
 - where required by local instructions/procedures;
 - prior to use if the safe execution of the activity relies on:
 - a permit to work; or
 - stringent adherence to a safe system of work and/or supervision.
 - if there is reason to doubt the effectiveness of the assessment.
 - following an accident or near miss.
 - following significant changes to the task, process, procedure, personnel or line management.
 - following the introduction of more vulnerable personnel.

High	Rigorous scrutiny of control measures required to ensure ALARP, Improve control measures where possible; consider stopping work. Conducting activities at this level of risk may require formal approval from the appropriate Duty Holder.
Medium	Review control measures and improve if reasonably practicable to do so, consider alternative ways of working.
Low	Maintain control measures and review regularly or if there are any changes.

Personnel signing this RA verification sheet are confirming they have read or been briefed on the contents of the above Risk Assessment, understand the hazards identified, and are aware of the necessary control measures available to minimise the risk of injury / ill health / damage.



Verification				
Full Name (Print)	Read / Briefed	Date	Signature	Role

