

FOH TEAM MEMBER RISK ASSESSMENT

| Task/Activity | Residual Risk Rating |
|----------------------------|-----------------------------|
| FOH Team Member (Covid 19) | Low |

Who is at risk from the hazard?

Members of public
Staff
Contractors
People within the vicinity

What are the main hazards (dangers)?

Preventing the virus from entering the business

What are the main potential outcomes from the hazards (risks)?

Spread of COVID-19 virus causing illness which may be asymptomatic, mild, moderate, severe or fatal to team members, guests, contractors, suppliers and visitors.

How do we currently control these risks?

(i.e. what control measures are already in place)

- ✓ FOH Team are trained in the use of and correctly wears the provided PPE
- ✓ Is trained in the use of approved chemicals and their correct use
- ✓ Is trained in the use of body spill kits and can use correctly when required
- ✓ Is trained in the correct procedures for dealing with spillages FOH, and implements as necessary
- ✓ Cleans down immediately customer tables, removing dirties, and cleaning
- ✓ Cleans down immediately upon departure , areas and items used by children
- ✓ Cleans down screened areas

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What else can we do/what else is required?
(i.e. what additional controls could further reduce residual risk)

Completed by

What other documents are either relevant to this assessment or contain further information about it?

Covid 19 site specific risk assessment
COSHH

Please indicate who carried out the initial assessment. Indicate who has undertaken any subsequent review of the risk assessment

| Name | Position | Date |
|------|----------|------|
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Who needs to know about or be trained on these findings?

Licensee
FOH Team

When does the Risk Assessment need to be reviewed?

Every 12 months, following any accident of relevance to this assessment, or whenever any of the premises' circumstances change or any equipment relevant to the task is changed.

Please use this box for any further information relevant to this Risk Assessment.

Training Sign Off

| Name | Job Title | Date Trained | Trainer |
|------|-----------|--------------|---------|
| | | | |
| | | | |
| | | | |

Risk Matrix

| Severity | | | Outcome | |
|----------|---|-------|--|-------|
| Outcome | Example | Score | Outcome | Score |
| Minor | Bruising, minor cuts, mild irritation to skin or eyes | 1 | Unlikely (e.g. no previous history) | 1 |
| Serious | Loss of consciousness, burns, broken bones, injury or condition resulting in 3 or more days absence | 2 | Possible (Similar accidents have happened in the past) | 2 |
| Major | Permanent disability, major notifiable injury or disease | 3 | Probable(some situations have happened in the past) | 3 |
| Fatal | Death | 5 | Highly probable (Has recently occurred here or in another organization) | 5 |

Risk Rating

| | |
|-------|--------|
| 1-4 | Low |
| 5-10 | Medium |
| 15-25 | High |

Risk Rating Total
3 (major) X 1 (unlikely) = Low