#### RISK

# MANAGING QUEUES RISK ASSESSMENT CQ1

#### Task/Activity

Queuing to enter premises (Covid 19)

Low

**Residual Risk Rating** 

#### Who is at risk from the hazard?

Members of Public/Employees 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) Example noted in italics

- $\checkmark$  Employees trained and implement the appropriate customer service journey
- $\checkmark$  Site specific identified queue procedure
- ✓ Site specific queue procedures to be noted in detail, photographs of areas and layout can be taken to assist understanding & implementation
- $\checkmark$  Site implements any necessary Govt guidance pre entry with customers
- $\checkmark$  Site to ensure that queues forms at nominated entrance point .
- $\checkmark$  Site to ensure that there is one entry point only
- $\checkmark$  Entry to site controlled by nominated person
- $\checkmark$  Secondary nominated person for break coverage etc
- $\checkmark$  Return to duties, employees must wash their hands thoroughly and apply PPE
- ✓ Only agreed numbers ( as per Govt guidance) allowed to enter at anyone given time
- $\checkmark$  Site to ensure that there is one exit point only.
- $\checkmark$  Queue to be controlled by the nominated person , PPE to be worn ( mask/ gloves)
- ✓ Customers that continue to adhere to sites control measures, will be asked to leave by management
- $\checkmark$   $\,$  End of queue into site adjacent to hand sanitation station.

Site queue measures to be noted in box on pg 4

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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 Licensee to complete

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

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

Name	Position	Date

#### Who needs to know about or be trained on these findings?

Licensee Nominated role related employees (those managing queues)

# 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

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