

COVID-19 Client visit risk assessment

Before attending any client premises please complete the following questionnaire. A new form needs to be completed by each team member. No reliance should be placed on other team member's assessment or previous assessments.

Have you considered other working practices that would avoid having to attend a client's premises? Yes / No

Please confirm why client visit is essential?

Obtain copies of the required documentation, read and review and assess the risk.

If you feel unsure at any time please contact Kevin Johns who will assist with the assessment.

If at any time you feel unsafe you should not attend or leave the premises and report this to Kevin Johns immediately.

		Review / Notes
Client name		
Client Director		
Location		
Date(s) of visit(s) covered by this risk assessment		
Obtain copy of clients Staying COVID-19 secure in 2020 certificate	Yes / No	
Obtain copy of clients visitor risk assessment	Yes / No	
If neither of the above are available obtain written confirmations on how the client is ensuring visitor safety.	Yes / No	
If you have concerns regarding your safety at a client's	Yes / No	

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premises will use your COVID-19 combat kit to mitigate your risk		
Travel – how will you be travelling ensuring no use of public transport is undertaken		
Vehicle usage – confirm number of occupants		

Are procedures in place to minimise your risk? Yes / No

If no, what additional procedures can be implemented.

Please file completed form and supporting documents on clients MWP file.

Team Member name:

Date: