


DOMESTIC SITE RISK ASSESSMENT for COVID-19

Member		Site Address	
Assessment type	 COVID-19	Date	

Please circle the relevant answers below.

Are any occupants of the premises showing known symptoms of the coronavirus?	YES / NO
Are any occupants of the premises shielding in accordance with current guidelines?	YES / NO
Do any occupants have known health conditions? If yes, please note:	YES / NO
Can the building occupants remain isolated from area(s) being inspected? If yes, please note where they will be during the assessment:	YES / NO
Have the building occupants agreed to the assessment taking place?	YES / NO
Are social distancing measures able to be maintained in accordance with current government guidance for working in people's homes https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes	YES / NO

Please detail any necessary PPE required

Face covering	
Disposable gloves	
Shoe covers	
Overall's or protective aprons.	
Eye protection	
Other	

Please detail any further measures we can take to maintain social distancing to plan the proposed works.

By submitting this document by email you are verifying (a) its accuracy at the time of completion and (b) that it has been issued to the building occupants, in the same manner as a signatory.