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| **Name(s):** |  |
| **Name of employer (where relevant):** |  |
| **Details of visit/ works to be undertaken on site:** |  |

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| **Section A – To be Completed Prior to Arrival** | |
| Establish whether any part of the visit or works may be completed remotely to reduce the amount of time required on site. | Yes  N/A |
| Discuss whether it is possible for the visit/ works to be completed outside of core hours, when there will be a reduced number of people on the premises. | Yes  N/A |
| Obtain a copy of the visitors/ contractors COVID-19 risk assessment and/ or statement of safe working practices where relevant (i.e. not required for visiting parents/ carers) and review to ensure that suitable control measures will be implemented. | Yes  N/A |
| Provide the visitor/ contractor with a copy of your COVID-19 risk assessment, highlighting any specific requirements that will apply to them. | Yes  N/A |
| Confirm the number of visitors/ contractors that will be attending site, and ensure that it is the minimum required. | Yes  N/A |
| Confirm that any person attending site:   * Does not have symptoms of COVID-19; * Has not tested positive for COVID-19 within the last 10 days; * Has not been advised by NHS Test and Trace to self-isolate within the last 10 days; * Does not have any members of their household (or support/childcare bubble if they have one) who are displaying symptoms of COVID-19, and/or who have tested positive in the last 10 days; and * Has not recently (within the last 2 weeks) returned from a country that requires 10 day quarantine/self-isolation upon return to the UK. | Yes  N/A |
| Agree on a arrival time, and where possible a departure time, that does not coincide with peak movement times. | Yes  N/A |
| Confirm parking arrangements, which entrance should be used, signing in procedures and who the visitor/ contractor will be meeting on arrival. | Yes  N/A |
| Confirm which areas the visitor/ contractor will need to access, and where possible make arrangements for these areas to be unoccupied, or establish clear routes to facilitate social distancing. | Yes  N/A |
| **Section A – To be Completed Prior to Arrival** | |
| Confirm that the visitor/ contractor will be adhering to social distancing guidelines, or agree alternative measures where social distancing is not possible (e.g. use of face coverings, minimising duration of close contact, use of PPE etc.). | Yes  N/A |
| Confirm your requirements for hand hygiene when on-site and whether you will be providing hand washing facilities/ hand sanitiser, or if the visitor/ contractor will need to provide their own. | Yes  N/A |

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| **Section B – To be Completed Upon Arrival** | |
| Re-confirm that the person(s) attending site:   * Does not have symptoms of COVID-19; * Has not tested positive for COVID-19 within the last 10 days; * Has not been advised by NHS Test and Trace to self-isolate within the last 10 days; * Does not have any members of their household (or support/childcare bubble if they have one) who are displaying symptoms of COVID-19, and/or who have tested positive in the last 10 days; and * Has not recently (within the last 2 weeks) returned from a country that requires 10 day quarantine/self-isolation upon return to the UK. | Yes  N/A |
| Highlight the location of hand washing facilities or hand sanitisers and ensure that they are used prior to entering. | Yes  N/A |
| Provide details of the areas that the visitor(s) or contractor(s) are permitted to enter, limiting them to only those that are essential, and social distancing measures (e.g. any one-way systems etc.). | Yes  N/A |
| Provide details of which welfare facilities (e.g. WC’s, rest areas, kitchens) may be used and outline any specific requirements relating to them, such as limits on the number of people that may use them at any one time. | Yes  N/A |
| If visitor(s)/ contractor(s) will not be supervised at all times, provide them with contact details for the person that should be contacted on completion of work, or if they have any queries or require assistance. | Yes  N/A |
| Provide details of emergency procedures, taking into account any changes to the normal procedures made due to COVID-19. | Yes  N/A |

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| **Person Providing Induction** | | |
| **Name:** | **Signature:** | **Date:** |
| **Person Receiving Induction** | | |
| **Name:** | **Signature:** | **Date:** |

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| **Notes:**  The information provided in this checklist will be handled with the strictest confidentiality and will only be reviewed by *[name person(s) responsible for completing/reviewing checklists].*  For any questions or concerns relating to this checklist, please contact *[above named person]* |