

NAME:			CHAPLAINCY:	
Signature:			Date:	
	Risk / Possible means of virus transmission	Observation	Risk & impact assessed: High/Medium /Low	Mitigating Actions to take to reduce risk
1	Closeness / number of people in one space – at different times of day			<i>Eg Visit at quiet time of day? Stick to spacious area?</i>
2	What is the airflow like? outdoors / indoors / atrium?			<i>Eg Wear a Mask? Are staff wearing masks?</i>
3	What Surfaces might you touch? – counters, handrails, door handles			<i>Eg Avoid touch if possible; Hand sanitizer, wear Gloves?</i>
4	How will you safely travel to Chaplaincy? Public Transport?			<i>Eg Follow guidance re public transport.</i>
5	How will you take a break / sit down / refreshment?			
6	How will you make sure Leaflets, business cards, paper work is clean / safe?			<i>Eg Carry minimum in paper envelope?</i>
7	How will you keep a note of who you have been (in case of contact tracing)?			
8	Will you be transferring contamination by Handbags / Umbrellas etc?			<i>Eg Carry minimum and wipe down after?</i>
9	Monitor your own Personal Hygiene and Clothing?			<i>Eg Cover up coughs and sneezes; wash hands; don't put hands to face; wash clothes afterwards</i>
10	Practical risks – slips/trips/hazards?			
11	Other			