# **COVID-19 Health & Safety Inspection Checklist**

IMPORTANT NOTICE: This checklist is issued as part of the ICAS ‘Coronavirus Return to Work toolkit and guidance’ and is issued subject to the terms of the disclaimer contained within that document.

This checklist has been prepared to identify control measures to reduce the risk of workplace infections. This should form part of an ongoing proactive monitoring regime so that preventative and protective control measures are implemented in line with current health and safety general duties.

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| **Company:**  Click or tap here to enter text. |
| **Office address:**  Click or tap here to enter text. |
| **Checklist completed by:**  Click or tap here to enter text. |

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| **Inspection Key** |
| Each of the questions should be given a rating in line with the following:  **Green** – Compliant (no action required)  **Amber** - Mostly compliant (remedial action recommended)  **Red** – Not compliant (action required) |

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| **A: Employees – Consider what impact returning to work would have on your employees and how to keep your employees safe.** | | | | |
| **No** | **Issues** | **Yes/ No/ NA** | **Rating**  **R/A/G** | **Comments** |
|  | Has a risk assessment been undertaken for those with a self-declared health condition which could increase their risk profile? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Are you tracking people who have been identified as high risk or are shielding? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Where practicable, have staff been allowed to work from home/remotely? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Can all staff maintain the government guidelines for social distancing recommended for offices? These could include but are not limited to the following: | Choose an item. | Choose an item. | Click or tap here to enter text. |
| A | Are you able to segregate staff’s activities to promote a two-metre distance throughout the office? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| B | If maintaining a two-metre distance is not possible, have you considered whether the activity should continue? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| C | If the activity should continue, are you able to minimise the frequency and time workers are within two metres of each other and minimise the number of workers involved in these activities (perhaps with A and B teams)? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| D | Are you able to implement a one-way flow system and provide visual aids (e.g. distancing markers, signage, flow system markers) for maintaining a two-metre distance? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Have staff been trained/notified on any new procedures before returning to work? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Have staff been instructed on how to hand wash effectively, for the suggested duration, and maintain good hygiene practices? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Have staff been instructed on social distancing procedures while at work? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Have staff been trained on what to do if they are experiencing COVID-19 symptoms? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Are daily alerts from government departments e.g. Scottish Government/Devolved Agencies being sourced and shared with staff? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Have staff been instructed to minimise business related travel and use video chat as an alternative method of maintaining contact with colleagues, clients and business partners? | Choose an item. | Choose an item. | Click or tap here to enter text. |

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| **B: Travel & Access – Consider how your employees will travel to work, travel for work, access and exit work safely.** | | | | |
| **No** | **Issues** | **Yes/ No/ NA** | **Rating**  **R/A/G** | **Comments** |
|  | Are you able to implement sufficient parking restrictions to maintain social distancing measures? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Are employees expected to use their own transport for work activities? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Are employees avoiding public transport and using alternatives where applicable (e.g. cycling, walking to work etc) and have they been provided with additional parking/ facilities such as bike-racks to encourage other forms of travel? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Have you considered employees that are required to car share for their role and whether this should continue? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Has consideration been given to having more entry points to the building/office to avoid congestion? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Has access to the building/office been restricted to visitors and clients? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Is it practicable to confine visitors to strictly defined areas and avoid unnecessary movements around the wider building? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Have appropriate hand sanitiser pump action containers been made available in every work area and on main travel routes through the building/office including access areas? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Is advisory hand washing signage displayed throughout the building/office, especially at entrances and exits and where people congregate? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Are the signs reviewed and replaced as necessary? | Choose an item. | Choose an item. | Click or tap here to enter text. |

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| **C: Cleaning Regime – Consider what cleaning and hygiene measures need to be implemented to reduce the risk of individuals contracting the virus on your premises/site.** | | | | |
| **No** | **Issues** | **Yes/ No/ NA** | **Rating**  **R/A/G** | **Comments** |
|  | Have you completed a deep clean of the building/office before returning? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Is the ongoing cleaning frequency sufficient and can cleaning be undertaken when the building/office is occupied? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Are all hand contact points cleaned on a frequent basis throughout the day including – door furniture, handrails, IT equipment, desks, phones, flush plates, taps, dispensers, toilets, canteen/food preparation areas? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Are appropriate cleaning products being used during daily preventative cleaning regime? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Have persons undertaking the cleaning been instructed with clear safe usage instructions? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Can soft furnishings (for example curtains, blinds, rugs, mats, etc) be removed, where practicable, to minimise the areas where viruses can be difficult or time consuming to remove and make cleaning and disinfecting easier? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Is it practicable to introduce a daily enhanced cleaning for washrooms? | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Have staff been provided with appropriate cleaning products so that they can frequently clean their workstations during the day? | Choose an item. | Choose an item. | Click or tap here to enter text. |

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| **D: Building Safety – Responsible Person Checks – Consider how you ensure your building remains safe for all employees and visitors.** | | | | |
| **No** | **Issues** | **Yes/ No/ NA** | **Rating**  **R/A/G** | **Comments** |
| *Has your responsible person carried out checks on your building/office in the following areas:* | | | | |
|  | Fire Safety Systems / Emergency Lighting | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Ventilation / Humidity / Lighting & Heating | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Gas Installations | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Legionella Controls | Choose an item. | Choose an item. | Click or tap here to enter text. |
|  | Routine Inspections e.g. Equipment Maintenance, Lift statutory inspections, etc. | Choose an item. | Choose an item. | Click or tap here to enter text. |

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| **E: Other Issues** | | | | |
| **No** | **Issues** | **Yes/ No/ NA** | **Rating**  **R/A/G** | **Comments** |
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# **Workplace Health & Safety Inspection Action Summary**

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| **Point Ref** | **Details of Corrective Action Required** | | | **Timescale** | | **Responsible Person** | | **Date Completed** | |
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