**COVID 19 Questionnaire**

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| **UNIform Reference:** | |  | | | | | |
| **Business Name:** | |  | | | | | |
| **Address:** | |  | | | | | |
| **Premises Use:** | |  | | | **Floor Size:** | |  |
| **Phone Number:** | |  | | | | | |
| **Email:** | |  | | | | | |
| **Officer:** | |  | | **Date:** | |  | |
| 1. | **Risk Assessments:**  **How many employees do you have ( ) and how many are returning to duty( )?**  (*5 or more = written Risk Assessments/RAs*)  **(None, move to Q9)** | | | | | | |
| 2. | **Have you completed your Risk Assessments for opening?**  **YES/NO** | | | | | | |
| 3. | **Do you have evidence of RA consultation, sharing and discussion with all staff?**  *(Confirm details and recommend sign off record)* | | | | | | |
| 4. | **Do you see Risk Assessments changing after you open?**  *(we would expect businesses to ensure that dynamic risk assessments and management process is employed).* | | | | | | |
| 5. | **Physical Distancing:**  **Please confirm what measures you have put in place to ensure physical distancing in your business?**   * Limit number of persons into premises *(takeaways should be pre-ordered/paid, stagger collection times).* * Queue Control measures *(pavement markings/signage).* * Signage. * Announcements. * Public space layout/markings. * Cashier stations/service desks. * Perspex screening to protect staff. * Supervision to ensure physical distancing *(food handlers, delivery drivers, customers, emergency maintenance personnel)*. * Work area layout for staff. * Staff shifts/rotation. * Working shoulder to shoulder/back to back if 2m distance not possible. * Rest areas. * Smoking areas/shelters. * Delivery arrangements *(ring bell, drop off, DO NOT ENTER PROPERY).* | | | | | | |
| 6. | **Have you determined the safe number of employees the workplace can accommodate?**  *(please explain reasoning)* | | | | | | |
| 8. | **Have you determined the safe number of customers that the business can accommodate and do you have plans to keep this under review?** *(please explain reasoning*) | | | | | | |
| 9. | **Please advise how customers will access toilets, queues & usage controlled and has maximum toilet capacity been determined?** *(please provide details)* | | | | | | |
| 10. | a) **Are you staggering working times/meal & break times to ensure arrival and departures times reduce crowding?** *(please provide details)*  b) **Use a consistent pairing or grouping system where employees work on shifts together*.***  *(please provide details) (test and protect implications).* | | | | | | |
| 11. | **Have you identified high risk areas such as pinch-points like entrances, stairs, toilets, staff changing areas, designated smoking areas where close physical contact is likely (*physical distancing not possible*) and/or obstructions force close physical contact?** *(please provide details of what has been done to reduce the risk, e.g. one-way system).* | | | | | | |
| 12. | **At initial opening there may be an increased demand to visit. How are you going to manage this? Have you considered traffic management plans? Have you discussed them with Police Scotland?** | | | | | | |
| 13. | **Enhanced Hygiene Measures, PPE and Waste Disposal**  **Has a cleaning schedule been designed and staff trained to implement the schedule?**  Work areas, staff rooms, canteens, equipment, should be cleaned and sanitised frequently between uses.  *(please provide details)* | | | | | | |
| 14. | **Have frequent hand contact touch points been identified and arrangements made to ensure they are disinfected regularly including all objects and surfaces that are touched regularly such as phones, card readers, door handles, push plates, handrails, mop & bucket handles, equipment, etc.?** | | | | | | |
| 15. | **Adequate disposal arrangements should be made available for any additional waste created.** **Please confirm details of commercial waste collection contractor and frequency of uplift.**  *(please provide details)* | | | | | | |
| 16. | **Please advise cleaning and sanitising procedures for toilets to ensure they are kept clean at all times.**  *(please provide details)* | | | | | | |
| 17. | **Please advise how many wash hand basins with hot & cold water supplies are available on your premises for employee and customer use?** | | | | | | |
| 18. | **Have you provided a convenient supply of hand sanitiser for employees and customers to use when handwashing is not practical?**  *(please provide details)* | | | | | | |
| 19. | **What types of PPE are available to employees (face masks, visors, aprons, gloves)?**  *(Please provide details.)* | | | | | | |
| 20. | **Please confirm details of cleaning chemical/disinfectant and hand sanitiser being used? Are these both effective against coronavirus, as per labelling information? BS EN14476 is the standard for viricidal properties.**  **For hand sanitisers, minimum 70% alcohol.** | | | | | | |
| **Business Red Flagged for Visit?** | | | **YES/NO** *(If yes, provide details why?)* | | | | |
| **Additional Notes:** | |  | | | | | |