**DATE CHECKLIST COMPLETED………**

|  | **Item** | **Yes** | **No** | **NA** | **Comment**  **If answer is NO, you must state reason** |
| --- | --- | --- | --- | --- | --- |
| **General Building Safety** | | | | | |
|  | **Water Hygiene** | | | | |
| 1 | Has weekly flushing of the water system consistently taken place? If not consider arranging water hygiene sampling be undertaken and corrective actions completed. |  |  |  |  |
|  | **Fire Safety** | | | | |
| 2 | Has the fire alarm been serviced within the last 6 months? |  |  |  |  |
| 3 | Has all Fire Fighting Equipment been serviced within the last 12 months? |  |  |  |  |
| 4 | Has a building fire alarm test been completed and recorded before re-occupancy? |  |  |  |  |
|  | **Electrical Safety** | | | | |
| 5 | Is the testing of the emergency lights up to date? |  |  |  |  |
| 6 | Is the fixed wire testing up to date? |  |  |  |  |
| 7 | Is your Portable Appliance Testing (PAT) up to date? |  |  |  |  |
|  | **Gas Safety** | | | | |
| 8 | Is the annual gas safety inspection up to date and evidenced on site? |  |  |  |  |
|  | **Lifts** | | | | |
| 9 | Is the Lift Insurance inspection up to date? |  |  |  |  |
| 10 | Is the servicing of the lift up to date? |  |  |  |  |
| **COVID Precautions** | | | | | |
|  | **Ventilation** | | | | |
| 11 | Has a review of the mechanical ventilation system been carried out to ensure maximum fresh air introduction? Where no mechanical ventilation on site consider regular door and window opening. |  |  |  |  |
|  | **Emergency Arrangements** | | | | |
| 12 | Do you have an adequate number of First Aiders for the number of staff in the building? |  |  |  |  |
| 13 | Have First Aiders been briefed on how to respond to situations during COVID-19 <https://www.sja.org.uk/get-advice/first-aid-advice/covid-19-advice-for-first-aiders/> and also <https://www.hse.gov.uk/news/first-aid-certificate-coronavirus.htm> ? |  |  |  |  |
| 14 | Are there adequate Fire Marshals to manage an evacuation given the reduced occupancy? |  |  |  |  |
| 15 | Is it possible to socially distance at the refuge point? |  |  |  |  |
| 16 | If, Personal Emergency Evacuation Plan arrangements are in place, have these been reviewed and adjusted where necessary? |  |  |  |  |
|  | **Covid Case Protocol** | | | | |
| 17 | Are all staff informed not to attend site if they have symptoms of Covid-19? |  |  |  |  |
| 18 | Do you have contact name/telephone number should a person become unwell within the workplace? |  |  |  |  |
| 19 | Do you have a process to isolate the area that the person has been working in and have additional cleaning arranged? |  |  |  |  |
|  | **Social Distancing** | | | | |
| 20 | Is signage in place advising all visitors and staff to maintain a minimum social distance? |  |  |  |  |
| 21 | Are screens in place where social distancing cannot be maintained at 2m? e.g. Reception desk |  |  |  |  |
| 22 | Is signage limiting lift capacity affixed to lift lobbies and entrances to each lift? |  |  |  |  |
| 23 | Is signage in place informing staff of maximum capacity in meeting rooms, washrooms and kitchens? |  |  |  |  |
| 24 | Where it has been identified that social distancing will not be possible in certain meeting rooms or office areas have these rooms been locked off to stop access? |  |  |  |  |
| 25 | Ensure seating and desk areas are re-configured to meet distancing requirements? |  |  |  |  |
|  | **PPE** | | | | |
| 26 | Are hand sanitisers located at all building entrances and meeting entrances? |  |  |  |  |
| 27 | Due to the flammable ingredients of hand sanitisers is it being stored appropriately? |  |  |  |  |
| 28 | Is signage in place reminding staff of good hand hygiene? |  |  |  |  |
|  | **Cleaning** | | | | |
| 29 | Is there an enhanced cleaning regime to regularly clean all common contact surfaces and touch points including door handles and lift buttons |  |  |  |  |
| 30 | Have you provided additional cleaning materials to enable users to sanitize touch points before using office and IT equipment including workstations, multi-function devices, laminators etc |  |  |  |  |
|  | **Deliveries** | | | | |
| 31 | Is there a process in place to ensure all deliveries are carried out in a safe manner? |  |  |  |  |
|  | **Visitor Management** | | | | |
| 32 | Has this building in place briefing for all visitors on Covid security arrangements on site? |  |  |  |  |
|  | **Re-Occupancy Risk Assessment** | | | | |
| 33 | Has a Building Risk Assessment that includes building use, staff, service delivery, visitors and contractors been completed? |  |  |  |  |
|  | **Signed off:** | | |  | **Date:** |