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| **Office Address:** |  | **Office Details –** |
| **General Manager:** |  |

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| **REPORT SUMMARY** | | **Notes:** |
| **Severity of Issue** | **Quantity** |
| **Major Non-Conformance** |  |
| **Minor Non-Conformance** |  |
| **Comment / Observation** |  |
| **Standards Met** |  |

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| **Overview:**  This inspection has been compiled to reduce the risk of spreading the Covid 19 virus within the workplace. It forms part of the Workplace Office Plan and the subsequent working environment specific controls. It has been produced in accordance with current guidance from the Government, PHE and the HSE.  You will need to consider the office plan and office risk assessment when carrying out the inspection as these are specific to the office you are inspecting.  Note: If employees are co-located with clients within their buildings then they will need to follow the client’s requirements. |

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| **Ref** | **Issue** | **N/A** | **G** | **Y** | **R** |
| **1.0 ACCESS AND EGRESS** | | | | | |
| 1.1 | Does the office have restricted access measurers in place? |  |  |  |  |
| 1.2 | Are signs displayed for deliveries to the office? |  |  |  |  |
| 1.3 | 2 metre exclusion zones at the entry points of the building to ensure social distancing is adhered to |  |  |  |  |
| 1.4 | Non touch security systems on entrances/exits where security is a requirement. |  |  |  |  |
| 1.5 | Hand sanitizer available inside and outside of entrance or exits |  |  |  |  |
| 1.6 | Signing in procedure available, visitor should use their own pens |  |  |  |  |
| 1.7 | Check that the TEST & TRACE QR codes (In England) are set up and used for visitors, etc. |  |  |  |  |
| **2.0 SPREAD OF COVID-19 CORONA VIRUS** | | | | | |
| 2.1 | Sufficient hand washing facilities and bins to dispose of used hand towels |  |  |  |  |
| 2.2 | Gel sanitizers placed around the office in areas where hand washing may not be available |  |  |  |  |
| 2.3 | Regular cleaning regime in place for common areas such as reception, access and egress points, toilets, kitchens and office areas that have objects and surfaces that are touched regularly such as door handles, handrails equipment such as copiers, franking machines, light switches etc. |  |  |  |  |
| 2.4 | Adequate cleaning wipes, sanitizers and stock available in branch. |  |  |  |  |
| 2.5 | Adequate PPE stock available in branch. |  |  |  |  |
| **3.0 SOCIAL DISTANCING** | | | | | |
| 3.1 | 2 metre social distancing gap must be adhered to? |  |  |  |  |
| 3.2 | floor markings in communal areas, (kitchens, toilets, printers etc. |  |  |  |  |
| 3.3 | Social distancing adhered to in meeting rooms, canteens, kitchens, toilets and smoking areas. |  |  |  |  |
| 3.4 | Are desks are arranged in a way that adhere to the 2m distance, (isles, and back to back chairs should be considered) |  |  |  |  |
| **4.0 DOCUMENTATION AND SIGNAGE** | | | | | |
| 4.1 | Office plan on available and on display |  |  |  |  |
| 4.2 | Branch use the Covid19 Hub (Mears Connect) for information |  |  |  |  |
| 4.3 | Covid-19 risk assessment suite are available and communicated |  |  |  |  |
| 4.4 | BCP updated to reflect covid-19 |  |  |  |  |
| 4.5 | Mears Protect, all ill health incidents have been added and all actions are up to date? |  |  |  |  |
| 4.6 | Is covid19 office signage in place (Office Site Rules, Office Plan, Mears Staying Secure Poster, Handwashing Guide, 2m distance signage) |  |  |  |  |
| 4.7 | Client risk assessments and COVID19 documentation available (shared offices) |  |  |  |  |
| 4.8 | Check PPE register is up to date |  |  |  |  |

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| **REF** | **Colour** | **Issue** | **Recommendation** | **Actionee** | **Target Date** | **Completed** |
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| **When a recommendation is completed the date is to be entered on the relevant section above, once all recommendations are complete the nominated manager is to sign off the report below. This report should be made available for the SHE Manager for review.** | | | | | | |

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| **Inspectors Name:** |  | **Signature** |  | **Date** |  | **Time** |  |
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| **Persons Involved in Inspection** | | | | | | | |
| **Branch Manager Name: Signature Date**  **Comments** | | | | | | | |