Risk Assessment

Mothers’ Union group/branch: ………………………………………………….………………………………………..

Venue Name and Address: …………………………………………………………………………………………………..

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| Area of risk |  | Action required? | Completed |
| Entry & Exit | Are one-way systems for entry/exit and/or access around the building required? |  |  |
| Will other groups be entering or leaving the building at a similar time?  |  |  |
| Social distancing | Is the seating arranged to meet social distancing criteria?  |  |  |
| Are tables set out to maintain social distancing, especially where people sit opposite each other? |  |  |
| Toilet facilities | Is the access to the toilet facilities marked to enable socially distanced queuing? |  |  |
| Hand washing/ sanitizing | Are handwashing facilities (or hand sanitiser) available for those entering and leaving the building? |  |  |
| Cleaning | What are the arrangements for the cleaning of the premises before and after the meeting? |  |  |
| Any other areas of risk specific to the venue |  |  |  |