

# RISK ASSESSMENT FORM

<b>Assessment No:</b>	0008A	<b>Location/Dept:</b>	Gym & Studios	<b>Persons involved in or affected by task:</b>	
<b>Assessment Date:</b>	01/04/2021	<b>Assessor's Name:</b>	Matt Crane		
<b>Read this risk assessment in conjunction with 0001A</b>				<b>Employees</b>	X
<b>Task/Activity/Area Assessed</b>				<b>Visitors</b>	X
Gym & Studios				<b>Contractors</b>	X
				<b>Members of the public</b>	X
				<b>Others 1</b>	
				<b>Others 2</b>	

What are the Hazards?	Who might be harmed, and how?	What are you already doing?	Do you need to do anything else?	Action by Whom	Action by When	Completed
Studios						
<b>COVID-19</b>	<p>Reduced numbers permitted into classes to maintain social distancing</p> <p>Opening of windows to allow natural air. Air Conditioning Units are not used.</p>					
Gym						
<b>COVID-19</b>	<p>Rearrangement of equipment in the gym areas to maintain social distancing</p> <p>Booking system used to reduce capacity per hour to help sustain social distancing during opening hours.</p> <p>Open external windows and doors to allow natural air to circulate following government guidelines.</p> <p>Gym staff will be regularly cleaning touchpoints throughout their shifts noting times of clean on equipment.</p>					

Action Required (Note any temporary action/Control measures required)	Action Review Date	Action Completed (Names and title)/Date

Further Actions that may require Longer-term considerations	Action Review Date	Action Completed (name and title)/Date

<i>Matt Crane</i>	01/04/2021
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Completed by	Next review Date: 31/03/2022
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