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<b>Company name:</b>	1Life	<b>Date of issue:</b>	
<b>Site name:</b>		<b>Name of assessor:</b>	
<b>Date of assessment:</b>		<b>Assessor's signature:</b>	
Persons consulted on the completion of this risk assessment:			
<b>Name</b>	<b>Job Title</b>		


<b>HAZARDS – What will cause harm?</b>
<ul style="list-style-type: none"> <li>• Close contact with colleagues, customers or contractors suffering from COVID-19</li> <li>• Contaminated surfaces</li> <li>• Sharing equipment</li> </ul>

<b>RISKS – What could happen? What could the consequences be?</b>
<ul style="list-style-type: none"> <li>• Contracting COVID-19</li> </ul>


<b>PEOPLE AT RISK – Who could be harmed?</b>
<i>Staff, Contractors and Customers will be exposed to the risks above. Insert below specific people at risk within these groups</i>
<ul style="list-style-type: none"> <li>• Staff</li> <li>• Customers</li> </ul>

<b>LOCATION – Where are the hazards located?</b>
<ul style="list-style-type: none"> <li>• Sports Hall &amp; Outdoor courts</li> </ul>

<b>GENERAL CONTROL MEASURES – What are you doing to control the risks?</b>					
All the control measures identified below will in combination, contribute to minimise the risks identified to an acceptable level. Please identify below whether the controls are happening or not.					
No.	Description	Yes	No	N.A.	Responsible
1	Volleyball courts booked in advance and online to manage numbers				
2	Players must use hand sanitiser which is available before entry to the courts and when leaving the court				
3	Contact details of all players over 16 are taken via the bookings system or the NHS QR code. The main hirer details is taken at point of sale.				
4	Prominent signage displayed advising of social distancing guidelines and hygiene				
5	Balls, equipment are not hired out				
6	Players showing symptoms of COVID-19 will not be				

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<b>GENERAL CONTROL MEASURES – What are you doing to control the risks?</b>					
All the control measures identified below will in combination, contribute to minimise the risks identified to an acceptable level. Please identify below whether the controls are happening or not.					
No.	Description	Yes	No	N.A.	Responsible
	allowed access to the Centre or the outside courts.				
7	No bodily contact, including handshakes and high fives				
8	No gatherings once training or games have finished				
9	Players must come ready to play and keep any belongings to a minimum. If bags are taken into the hall they must be stored behind the own court in a designated area.				
10	Players advised not to touch nets or posts				
11	On arrival players must go straight to the volleyball courts at their allocated time and do not use other areas of the building				
12	Players must leave the facility as soon as their booking has finished				
13	External hirers must supply COVID suitable and sufficient risk assessments which are checked by the General or Operations Manager				
14	Organised outdoor and beach volleyball can commence from the <b>29<sup>th</sup> March 21.</b>				
15	Indoor junior supervised Volleyball can take place from <b>12<sup>th</sup> April 21.</b> Parents/Guardians must drop off their children and then leave. They cannot stay and spectate.				
16	Outdoor spectators must observe the rule of 6 or 2 households.				
17	Organised indoor adult Volleyball can commence from <b>17<sup>th</sup> May,</b> spectators must observe the rule of 6 or 2 households indoors.				

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**SITE SPECIFIC ASSESSMENT** – Complete this table for any hazard, risk not included above and for any additional control measures in place or required.

No. 1	Hazard	Risk	Control Measure	Responsible	In place? Yes/No

CONTACT YOUR COMPANY HEALTH AND SAFETY RESOURCE IN THE FIRST INSTANCE IF YOU ADD ANY HAZARD, RISK OR CONTROL MEASURE IN THIS TABLE

**ACTIONS** – What actions must be done to ensure the full implementation of the risk assessment?

Write down an appropriate action for any control measure marked as 'No'  
 Identify high priority actions with a 'Yes'  
 Link the 'Number' column to the relevant Control Measure number in the risk assessment to enable the assessor to cross reference and check that all 'No's' have an action recorded against them  
 Insert additional rows as required to enter all of the actions needed.


Number	Description	High Priority?	Responsible	Due Date	Completion date	Completion checked by:

I confirm that I have read, reviewed and understood this risk assessment and if in doubt I have sought the advice of the relevant person in my organisation.

I confirm that I am aware that I must monitor the completion of the actions highlighted in the assessment to ensure they are completed adequately and within the timescales set.

<b>Appointed Person:</b>	<b>Signature:</b>
<b>Appointed Person Job Role:</b>	
<b>Date:</b>	

<sup>1</sup> Continue numbering from previous table  
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<b>Authorised Person:</b>	<b>Signature:</b>
<b>Date:</b>	