**APPENDIX A**

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| **RISK ASSESSMENT**  **This risk assessment should be used/read in conjuction with government and LRF guidance on COVID-19** | | | **Insert Local Authority Logo** |
| **PART A. ASSESSMENT DETAILS:** | | | |
| **Area/task/activity**:  **Location of activity**: | | | |
| **Care Home/Supported Living Home Address**  **& Contact details:** |  | **Name of Person(s) undertaking Assessment:** |  |
| **Signature(s):** |  |
| **Home manager /SLS team leader/Dom Care Manager** |  | **Date of Assessment:** |  |
| **Signature:** |  | **Planned Review Date:** |  |
| **How communicated to staff:** |  | **Date communicated to staff:** |  |

| **PART B. HAZARD IDENTIFICATION AND CONTROL MEASURES:** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **List of significant hazards**  (something with the potential to cause harm) | | **Who might**  **be harmed** | **Type of harm** | | **Existing controls**  (actions already taken to control the risk -  include procedure for the task/activity where these are specified) | | | | |
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| **PART C: ACTION PLAN Further action / controls required** | | | | | | | | | | |
| **Hazard** | **Action required** | | | **Person(s) to undertake action?** | | **Priority** | **Projected**  **time scale** | **Notes / comments** | **Date**  **completed** | |
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