

**COVID 19 Site Specific Weekly Review**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **R No / Site Name** |  | **Manager /Supervisor Reporting** | |  | |
| **Principal Contractor** |  | **Longworth SOP Version** | 1.7 | **Initial Review Date** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Considerations** | **Photo Required** | **Yes** | **No** | **NA** | **Site Specific Details** |
| Have workers been made aware of the government requirements and the site-specific requirements in relation to COVID? Including LBS SOP. |  |  |  |  |  |
| Are head office being informed about any confirmed or suspected cases of COVID on site? |  |  |  |  |  |
| Are the staggered start, break and finish times helping reduce congestion and helping social distancing? | X |  |  |  |  |
| Are the pedestrian routes helping maintain social distancing around site? | X |  |  |  |  |
| Is hand washing and sanitizing stations available throughout site? | X |  |  |  |  |
| Is signage in place to remind of social distancing requirements? | X |  |  |  |  |
| Are sanitisers and anti-bacterial wipes being held at the work face, with a good stock held for immediate future? | X |  |  |  |  |
| Is material movement being managed to minimize transmission risk of COVID? |  |  |  |  |  |
| Do the welfare facilities support social distancing? | X |  |  |  |  |
| Are regular reminders given to the operatives on COVID requirements? |  |  |  |  |  |
| Are the welfare facilities being maintained to a suitably clean standard? | X |  |  |  |  |
| Is the necessary PPE available to safely carry out emergency action? E.g. first aid? | X |  |  |  |  |

|  |  |
| --- | --- |
| **Additional Comments** |  |

|  |  |
| --- | --- |
| **Initial Review**  **Manager/Supervisor Signature** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Review 1 Date** |  | **Manager /Supervisor Signature** |  |
| **Review 2 Date** |  | **Manager /Supervisor Signature** |  |
| **Review 3 Date** |  | **Manager /Supervisor Signature** |  |
| **Review 4 Date** |  | **Manager /Supervisor Signature** |  |
| **Review 5 Date** |  | **Manager /Supervisor Signature** |  |

If any significant changes are made on site that affect the response to the questions, please revisit the form and complete as a ‘new review’. If there are no changes note the review date and sign again.