

**COVID 19 Site Specific Weekly Review**

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

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| **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 |  |  |  |  |

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| **Additional Comments**  |  |

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

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| **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.