

COVID Risk Assessment Meeting Record

Employee's Name : _____ Manager's Name: _____

Job Title/Department: _____/ _____

Date: _____

(1) Update and review progress

Discuss work that has already been done (prior to this assessment). Review what has gone well and what is underway in relation to COVID Controls.

Employee's Feedback

Manager's Feedback

(2) Reflect

Do the staff member and immediate manager believe that the detailed COVID Risk Assessment was adequate? If 'NO' please include this feedback in the comments section below.

Employee's Feedback

Manager's Feedback

(3) Actions

Manager to briefly summarise key outputs of conversation, and note/re-iterate actions on each party; re-clarify expectations and objectives; indicate next time of review i.e. next 1-2-1.

Specific decisions related to medical surveillance should be noted and the Risk Assessment updated as required.

Manager's Recommended Actions

Declaration:

The information provided for this COVID Risk Assessment is accurate to the best of my understanding. I confirm that the findings have been discussed and concerns are appropriately evaluated.

Employee's Signature: _____

Manager's Signature: _____

Date: _____

Date: _____