**EMPLOYER’S CORONAVIRUS - COVID-19 SPECIFIC RISK ASSESSMENT**

**FOR YOUNG WORKERS EMPLOYED IN PERMITTED ACTIVITIES**

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| **EMPLOYER’S NAME** |  |
| **YOUNG WORKER’S NAME** |  |
| **YOUNG WORKER’S JOB TITLE** |  |
| **ADDRESS / AREA WHERE EMPLOYMENT TAKES PLACE** |  |
| **CONTACT NUMBERS:** |
| **Employer** |  |
| **Parent / Legal Guardian** |  |
| **Young Worker** |  |

**How to complete a risk assessment**

An example of a Risk Assessment is included. Please adapt it to suit your company’s practices.

**STEPS:**

1. Identify the potential hazard
2. Identify the people who are at risk
3. Decide on the probability of the hazard affecting someone (Low, Medium or High).
4. Decide on the likely severity of harm if the person was affected by the hazard (Low, Medium or High).
5. Give the risk an overall rating based on steps 3 & 4 (Low, Medium or High).
6. List the control measures you have put in place to reduce the risk.
7. Rate the remaining risk (Low, Medium or High).

| **HAZARD IDENTIFIED** | **PEOPLE AT RISK** | **PROBABILITY** | **SEVERITY** | **RISKLEVEL** | **CONTROL MEASURES** | **REMAINING RISK** |
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| Working Pattern  | Young WorkerColleaguesPublic | M | M | L | Any team member feeling unable to perform their duties should inform their Employer immediately.Regular breaks will be scheduled during each day in line with Child Employment permitted legal hours of work.Consideration will be given to the young worker’s hours of work to reduce the possibility of social interaction in line with Child Employment permitted legal hours of work. | L |
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| **EMPLOYER’S NAME:** |  | **EMPLOYER’S SIGNATURE:** |  | **DATE:**  |  |
| **I have read the above, and am satisfied that:**1. It constitutes a proper and adequate risk assessment in respect of the risk of infection posed to this young worker and that control measures identified are sufficient to control the risks.
2. Adequate measures are in place to communicate the risk assessment findings and to co-ordinate the safety arrangements of all those affected.
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| **YOUNG WORKER’S NAME** |  | **YOUNG WORKER’S SIGNATURE** |  | **DATE:**  |  |
| **PARENT / LEGAL GUARDIAN’S NAME** |  | **PARENT / LEGAL GUARDIAN’S SIGNATURE** |  | **DATE:**  |  |