

# Different Perspective Training Ltd.

## COVID-19 Venue Site Specific Risk Assessment

### Venue Information

This SSRA is designed to screen a venue for suitability for the delivery of Face to Face Practical Training Programmes during the COVID-19 Pandemic and to ensure that the facilities will support the COVID-19 Mitigation Measures put in place for the safety of all engaged in the training programme

<b>Venue</b>			
<b>Address Line 1</b>			
<b>Address Line 2</b>			
<b>Town/ City</b>		<b>Post Code</b>	
<b>Venue Contact</b>		<b>Contact Phone</b>	
<b>Contact Email</b>			

### Venue Screening

Is venue large enough for candidates to keep 2-metre separation for theory and practical (all to lie on floor) sessions?	<b>Y / N</b>
Is there access to handwashing facilities that the Course Participants will have access to?	<b>Y / N</b>
Will there be hand-washing facilities available that are shared with other venue users elsewhere in the building?	<b>Y / N</b>
Does the venue have procedures for use of toilets and refreshment areas? - If so, please attach and forward.	<b>Y / N</b>
Does the venue have fresh flowing air; open windows or outside?	<b>Y / N</b>
Will the venue be cleaned prior to use?	<b>Y / N</b>
Does the venue have a specific COVID-19 risk assessment or COP document? - If so, please attach and forward.	<b>Y / N</b>

### Pre-Course Information

Anticipated number of participants	
Have candidates been selected according to COVID-19 risk, taking into account risk factors such as, age, underlying medical conditions, family or relatives screening? - Is the risk of exposing them to Face to Face training appropriate? - are they aware of the risk?	<b>Y / N</b> <b>Y / N</b>
Have candidates been provided with COVID-19 symptom list and self-isolation information	<b>Y / N</b>

Is there any additional information that the company need be aware of prior to this training programme, such as parking restrictions, venue entry system, any security or identity requirements at the venue, etc?
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### Risk Assessor Details

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_