

COVID 19 RISK ASSESSMENT

STUDIO 281



Company name:	Studio 281	Date of issue:	01/07/2020
Site name:	Studio 281	Name of assessor:	Georgia Testa
Date of assessment:	10/07/2020	Assessor's signature:	

Persons consulted on the completion of this risk assessment:

Name	Job Title
Julia Testa	General Manager
Georgia Testa	General Manager
All trainers and PTs	

ADDITIONAL DOCUMENTS

This risk assessment **must** be read in conjunction with the company's safety management systems in particular the risk assessments and Procedure Notes covering

- Government Guidance – Covid Safe for gyms and studios
- All relevant SOPs – for members and trainers

The applicable controls in these documents apply across the entire site and must be implemented by the relevant team members.

NB These controls are not duplicated in this risk assessment unless deemed appropriate.

HAZARDS – *What will cause harm?*

- Staff entering the property with Covid 19
- Members entering the property with Covid 19

RISKS – *What could happen?*

- Covid 19 spread via close proximity/prolonged close contact of staff with staff
- Covid 19 spread via close proximity/prolonged close contact of staff and members
- Covid 19 spread via close proximity/prolonged contact of members with each other
- Covid 19 spread via multiple use items e.g. gym or studio equipment
- Covid 19 spread via multiple contact surfaces e.g. changing room benches, lockers
- Covid 19 spread via external items coming into site e.g. items members may bring in

PEOPLE AT RISK – *Who could be harmed?*

Staff, Contractors and Guests will be exposed to the risks above. Insert below specific people at risk within these groups

- Staff
- Visitors to associated businesses
- Members

LOCATION – *Where is the hazard located?*

- All fitness areas, particular focus on:
- PT room
- Studio
- Changing Rooms

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GENERAL CONTROL MEASURES – What are you doing to control the risks?

All the control measures identified below will in combination, contribute to minimise the risks identified to an acceptable level.

Please identify below whether the controls are happening or not and propose any further action needed.

No.	Description	Yes	No	N.A	Responsible
1	Social distancing measures in place as required and in line with government guidance, marked out on floors as required.	√			
2	Sanitising station at entrance and in relevant places throughout department where hand wash not immediately available e.g. gym and studios but not changing rooms.	√			
5	Staff issued PPE in line with government guidance and staff trained on the correct procedure for putting on, taking off and disposing of it.	√			Training on 16 th July
6	All staff have completed training to ensure they understand safe practice and complying with Covid-19 regulations within the studio	√			
7	All staff have had temperature taken prior to entering.	√			
8	Temperature of members taken on arrival	√			
9	Cleaning station available for members with all encouraged to disinfect equipment after usage. Instructors to prompt at all times to ensure we monitor and manage this.	√			
10	Numbers limited in line with government guidance. Booking process confirmed in line with guidance.	√			
11	Strict desk coverage to manage members.	√			
12	Consider routes and entrances in order to manage numbers and prevent guests/members 'sneaking in'. Entrance and exit only to ensure one way system	√			
13	Remove provided sweat towels	√			
14	Max numbers in changing rooms and studios established based on government guidance.	√			
15	Movement corridor to ensure flow of members is safe and distanced	√			
16	Classes conducted outside wherever possible to facilitate distancing. Limit numbers indoors and zoned marked out to ensure distancing is in place	√			
17	Air con and extractor fans on at all times to allow for fresh air flow	√			
18	Close areas periodically to allow for a full clean of the area.	√			
19	Classes scheduled with 10 minutes minimum clean down to allow for full clean of space and equipment between each class.	√			
20	No sharing of equipment within studio or outdoor setting	√			
21	No towels or shower facilities	√			
22	No 'Hot' Classes such as Hot Yoga.	√			
23	Water dispensers will be marked with no mouth drinking	√			
24	Instructors not to share microphones, one each or do not use.	√			
25	Walk through video sent to members and available for guests detailing new processes and procedures and what they need to do when using the facilities.	√			
26	Ensure cleaning is regularly monitored and documented	√			
27	Where practical replace bins with pedal opening bins.	√			

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GENERAL CONTROL MEASURES – What are you doing to control the risks?

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Please identify below whether the controls are happening or not and propose any further action needed.

No.	Description	Yes	No	N.A	Responsible
28	Review night cleaning procedures, update and resource accordingly.	√			
29	Personal training studio will have daily cleaning procedures, increase frequency of cleaning – between classes, deep clean daily, periodic closures if required to undertake cleaning.	√			
30	Studio cleaning procedures, increase frequency of cleaning, ensure materials are available for users to clean equipment after use, periodic closures to allow for full clean of area.	√			

SITE SPECIFIC ASSESSMENT– Complete this table for any hazard, risk not included above and for any additional control measures in place or required.

No. 1	Hazard	Risk	Control Measure	Responsible	In place? Yes/No
					√
31		contamination	Keep as many entrance doors open		√
32		contamination	No written lists or documents		√
33		Social distancing	One entrance/one exit for main studio		√

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ACTIONS– *What actions must be done to ensure the full implementation of the risk assessment?*

Write down an appropriate action for any control measure marked as 'No'

Identify high priority actions with a '**Yes**'

Link the 'Number' column to the relevant Control Measure number in the risk assessment to enable the assessor to cross reference and check that all 'No's' have an action recorded against them

Insert additional rows as required to enter all of the actions needed.

Number	Description	High Priority?	Responsible	Due Date	Completion date	Completion checked by:

I confirm that I have read, reviewed and understood this risk assessment and if in doubt I have sought the advice of Chiltern Consulting and/or the relevant person in my organisation.

I confirm that I am aware that I must monitor the completion of the actions highlighted in the assessment to ensure they are completed adequately and within the timescales set.

Department Manager:	Signature:
Department Manager Job Role:	
Date:	

General Manager:	Signature:
Date:	