Just Rollers COVID -19 Policies



	Current Status / policy	Date
Plant operations	All plant operations are running as normal.	01.06.20
Incoming and Outgoing goods	We are unloading and loading goods on site as normal. 2 metre distance between the drivers and forklift drivers are to be kept. Forklift drivers to wear face masks.	01.06.20
Contractors	We are currently accepting visits from contractors for essential maintenance works. A visitor questionaire needs to be filled out and sent back for review before the site visit.	01.06.20
Customer and Supplier Visits	We are currently not accepting visits from customers and suppliers at present. Communications are expected to take place over the phone or via video conferencing.	01.06.20
Customer Service Teams	Most customer service personnel are working from home. A member of staff will be onsite everyday.	01.06.20
Sales team	Most Sales personnel are working from home. A member of sales will be onsite everyday.	15.06.20
Domestic Travel	Travel is currently permitted for necessary visits.	15.06.20
International Travel	All travel for visits are currently prohibited.	01.06.20
Safe working Instructions	All employees are expected to follow any extra precaution procedures to combat the spread of the corona virus. All employees have read and must abide by the site risk assessment for combatting the spread of the corona virus.	01.06.20

Risk Assessment



Department /Area:	Responsibility	Assessment Date	RA No.	Next Review Date	
Site	Ops Manager	30.05.20	COVIDRA1	01.09.20	
Likelihood (L)	Severity (S)	Ris	k Rating	Score	
1 Unlikely	1 Minimal Risk		Low	1 - 4	Completed By:
2 Possible	2 Minor Risk	N	ledium	5 - 9	
3 Probable	3 Medium Risk		High	10 - 16	Operations Manager
4 Certain	4 Major Risk				

No.	Activity	Hazards	L	s	Score	Current Control Measures	Actions required or notes	PPE req'd
	COVID -19 Site Risk Assessment							
	Toilets	COVID -19 Spreading and contamination	1	3	3	Bleach for all toilets for after use Antibacterial surface spray for all the toilets to clean sinks after use Middle urinals and sink prohibited from use Antibacterial Soap for washing hands Normal degreasing and hand soap limited personnel to use the toilets All users are kept 2m apart Cleaner cleans the toilets fully Mon, Wed, Friday		
	Reception	COVID -19 Spreading and contamination	1	3	3	Antibacterial wiped handles and phone every morning 2m marker taped out on the floor Pens taken away so, contractors and visitors use their own pens		Face mask Gloves
	Personnel	COVID -19 Spreading and contamination	1	3	3	To keep 2m apart Wash hands regular Facemask to be worn when leaving departments or working area Reliant on personnel sticking to the rules		Face mask Gloves
	Doors	COVID -19 Spreading and contamination	1	3	3	Antibacterial wiped handles every morning Kept open, as long as security of information and site are not compromised.		Face mask Gloves
	Lunch Breaks	COVID -19 Spreading and contamination	1	3	3	All need to be sitting 2m apart 1 person using the canteen microwave at a time Encouraged to sit in their car for lunch Wash hands before and after lunch, sanitise if needed 2m markers for use of the canteen Antibacterial spray for cleaning eating area before and after use.		
	Collection / Deliveries	COVID -19 Spreading and contamination	1	3	3	FLT drivers to have gloves and masks on FLT drivers to only use their own pen FLT drivers to stay 2 meters away from drivers		Face mask Gloves
	Drivers	COVID -19 Spreading and contamination	1	3	2	Masks to be worn when out of the truck talking to customers gloves to be warn at all times out side the truck and taken off when re driving Anti bacterial spray and wipes are kept in the trucks for regular cleaning Sanitise provided to keep on the trucks		Face mask Gloves
	Visitors	COVID -19 Spreading and contamination	1	3	3	Visitors are currently not allowed, A visitor questionnaire will need to be filled out prior to visit to site and reviewed by management.		Face mask Gloves
	Contractors	COVID -19 Spreading and contamination	1	3	3	Contractors are allowed on site for essential repairs and maintenance. A visitor questionnaire will need to be filled out prior to visit to site and reviewed by management.		Face mask Gloves

No.	Activity	Hazards	L	S	Score	Current Control Measures	Actions required or notes	PPE req'd
	Movement around site	COVID -19 Spreading and contamination	1	3		Required to wear a face mask when walking between departments Gloves to be used or sanitise when entering departments.		Face mask Gloves
	Clean up / Wash up	COVID -19 Spreading and contamination	1	3	3	More time to clean up Restricted amounts of personnel to use the cleaning facilities at a time Antibacterial sprays to clean down where they have washed up.		Face mask Gloves
	Travelling to Work	COVID -19 Spreading and contamination	1	3	3	Unless from the same household car sharing is not permitted.		
	Returning to Work	COVID -19 Spreading and contamination	1	3	3	Return to work assessment questionnaire form to be filled out, any yes answers will need to be reviewed. A full brief on new safety measures in place on site		

Department /Area:	Responsibility	Assessment Date	RANo.	Next Review Date
Site	Ops Manager	30.05.20	COVIDRA1	01.09.20

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Training Record Please Print Name, sign and date to confirm you understand the Risks and Preventative actions for this hazard.						
Name	Signature	Date	Name	Signature	Date	

Visitor COVID-19 questionnaire



Further to recent Government guidance, as the first step in our safety measures to ensure we all work safely as possible, we require you to complete this questionnaire prior to you attending work, to safeguard you and our colleagues from the continued risk posed by COVID-19.

Please answer all the questions listed clearly by putting a X in either the 'Yes' or 'No' box.

If you have answered 'Yes' to any of the questions, please provide more details in the comments section.

Please also carefully read the declaration at the end of this form and print your name, sign and date to confirm that have read and agree with the statements.

Question	Yes	No				
In the last 14 days have you been confirmed as having COVID-19?						
In the last 14 days are you aware of having been in close contact with someone who has been confirmed of having COVID-19?						
Have you or anyone you live with been written to by the Government/NHS/Public Health and advised to shield, or have been otherwise medically advised to stay at home and can provide medical evidence in support of this?						
Are you or anyone you live with displaying symptoms of COVID-19? (i.e. A new continuous cough and/or a consistent high temperature)						
Do you fall into any of the 'High Risk' categories listed in the following NHS guidance- https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from- coronavirus/whos-at-higher-risk-from-coronavirus/						
Are there any other substantial reasons you can think of that would prevent you from attending Just Rollers for planned works?						
Comments:						
The responses I have provided are accurate and true to the best of my knowledge. If I develop symptoms after completing this questionnaire or anything changes in respect of the questions answered, I CONFIRM that I will inform Just Rollers Limited immediately.						
Name:						

Job Title:

Signature:

Date:

Back to work COVID-19 questionaire



Further to recent Government guidance, we are in the process of preparing to return staff to work. As the first step in our safety measures to ensure we all return to work as safely as possible, we require you to complete this questionnaire prior to you attending work, to safeguard you and your colleagues from the continued risk posed by COVID-19. Please answer all the questions listed clearly by putting a X in either the 'Yes' or 'No' box.

If you have answered 'Yes' to any of the questions, please provide more details in the comments section.

Please also carefully read the declaration at the end of this form and print your name, sign and date to confirm that have read and agree with the statements.

Question	Yes	No				
In the last 14 days have you been confirmed as having COVID-19?						
In the last 14 days are you aware of having been in close contact with someone who has been confirmed of having COVID-19?						
Have you or anyone you live with been written to by the Government/NHS/Public Health and advised to shield, or have been otherwise medically advised to stay at home and can provide medical evidence in support of this?						
Are you or anyone you live with displaying symptoms of COVID-19? (i.e. A new continuous cough and/or a consistent high temperature)						
Do you fall into any of the 'High Risk' categories listed in the following NHS guidance- https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from- coronavirus/whos-at-higher-risk-from-coronavirus/						
Are there any other substantial reasons you can think of that would prevent you from returning to work?						
Comments:						
The responses I have provided are accurate and true to the best of my knowledge. If I develop symptoms after completing this questionnaire and prior to returning to work, or if anything changes in respect of the questions answered, I CONFIRM that I will inform my line manager immediately.						
Name:						

Job Title:

Signature: