

## Self-assessment tool to assess effectiveness of Covid 19 control measures within retail establishments

| Covid-19 Food Retail Business Self-Assessment Tool   |                              |                             |
|--|------------------------------|-----------------------------|
| Completed by :   |                              | Date:                       |
| <p>This form should be used by a nominated individual in your business to undertake self-assessment of the measures you have in place to provide assurance that all necessary controls are in place to control COVID-19</p> <p>It is recommended that this assessment is carried out at a frequency no less than weekly and at any point where new advice and guidance becomes available</p> <p>The assessment will guide you through the necessary steps that you need to check against.</p> <p>It is recommended that you keep these forms to allow continuous evidence of assurance. Your Local Authority may ask to see these and they will provide additional evidence for any Incident Management Team meetings in the event of a local outbreak that links your business to any positive cases.</p> <p>You should also ensure that you have accessed and understood the relevant Scottish Government and Food standards Scotland guidance pertinent to your business.</p> <p><a href="https://www.gov.scot/publications/coronavirus-covid-19-retail-sector-guidance/">https://www.gov.scot/publications/coronavirus-covid-19-retail-sector-guidance/</a></p> <p><a href="https://www.foodstandards.gov.scot/consumers/food-safety/coronavirus">https://www.foodstandards.gov.scot/consumers/food-safety/coronavirus</a></p> |                              |                             |
| Symptom Awareness  |                              |                             |
| Are all staff aware of the symptoms of Covid-19?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are staff aware of the procedures to be followed in the event they become symptomatic?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are Managers aware of how to contact the local Health Protection Team?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Comment:   |                              |                             |

| Documentation   |                              |                             |
|---|------------------------------|-----------------------------|
| Is your Covid-19 Risk assessment documented?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Any gaps identified, provide details (including actions to be taken)?   |                              |                             |
| Is your Cleaning Schedule documented?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Any gaps identified, provide details (including actions to be taken)?   |                              |                             |
| Do you have a procedure in place for deep clean in the event business notified of confirmed case amongst workforce? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Additional Details:   |                              |                             |
| Evidence of deep clean implementation?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Additional Details:   |                              |                             |
| Do you have training Records for Covid-19 procedures?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Comments:   |                              |                             |
| Face Coverings  |                              |                             |
| Does the Company provide face coverings for staff?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are face coverings worn by staff whilst working?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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| Are face coverings replaced regularly/are there sufficient supplies available to support this?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are face coverings supplied and worn by staff when using corridors and other communal areas outwith the work station?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Where re-useable face coverings are supplied by the company, how are these provided to staff and what are the washing arrangements? |                              |                             |
| Are visors worn by staff?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are staff clear that the use of a face visor is only appropriate where these are worn in addition to face coverings?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>Gloves</b>   |                              |                             |
| Are gloves worn by staff whilst working?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are gloves replaced regularly/are there sufficient supplies available to support this?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are staff aware that the use of gloves are not a replacement for regular hand washing?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>Staff and Shift Patterns</b>   |                              |                             |
| Total number of staff:  |                              |                             |
| Shift pattern details: e.g. static or flexible (incl. cleaning staff if applicable)   |                              |                             |
| Number on shift at any time:  |                              |                             |

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|   |  |                                 |                             |
| Do staff work between different premises?   |  | Yes<br><input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, provide details where known or record here where these details are held:                              |  |                                 |                             |
| Do staff car share?   |  | Yes <input type="checkbox"/>    | No <input type="checkbox"/> |
| Does the Company arrange staff travel to and from work?   |  | Yes <input type="checkbox"/>    | No <input type="checkbox"/> |
| Where the Company arrange staff travel e.g. Taxi, is care taken to avoid sharing?                             |  | Yes <input type="checkbox"/>    | No <input type="checkbox"/> |
| Are you able to quickly identify and contact staff that have been on duty where a positive case is confirmed? |  | Yes <input type="checkbox"/>    | No <input type="checkbox"/> |
| Details on how these records are held and maintained up to date:  |  |                                 |                             |
| <b>Premises</b>   |  |                                 |                             |
| 2m Physical Distancing – Staff?   |  | Yes <input type="checkbox"/>    | No <input type="checkbox"/> |
| 2m Physical Distancing – Customers?   |  | Yes <input type="checkbox"/>    | No <input type="checkbox"/> |
| Is there signage informing customers entering a 2m zone?  |  | Yes <input type="checkbox"/>    | No <input type="checkbox"/> |
| Have additional mitigation measures been implemented?   |  | Yes <input type="checkbox"/>    | No <input type="checkbox"/> |
| Provide details of additional mitigation measures implemented e.g. screens, enhanced ventilation etc.         |  |                                 |                             |
| Reduced capacity implemented?   |  | Yes <input type="checkbox"/>    | No <input type="checkbox"/> |
| Additional Details (e.g. how is capacity managed)   |  |                                 |                             |

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|  |                              |                          |                             |                          |
| Suitable number of access/egress to minimise congestion?   | Yes                          | <input type="checkbox"/> | No                          | <input type="checkbox"/> |
| Additional Notes:  |                              |                          |                             |                          |
| <b>Layout and Operation</b>  |                              |                          |                             |                          |
| Layout facilitates physical distancing?<br>(incl. staff areas, sanitary facilities, communal areas etc.)   | Yes                          | <input type="checkbox"/> | No                          | <input type="checkbox"/> |
| Additional details (including mitigations if necessary):   |                              |                          |                             |                          |
| One way system in place?   | Yes                          | <input type="checkbox"/> | No                          | <input type="checkbox"/> |
| Signage/markings/etc. to encourage physical distancing<br>between people waiting to enter the premises?  | Yes                          | <input type="checkbox"/> | No                          | <input type="checkbox"/> |
| Signage/markings/etc. to encourage physical distancing<br>between people whilst on the premises?   | Yes                          | <input type="checkbox"/> | No                          | <input type="checkbox"/> |
| Have staff duties been reviewed to minimise communal use of<br>equipment and hand contact surfaces where possible?   | Yes                          | <input type="checkbox"/> | No                          | <input type="checkbox"/> |
| Premises flow facilitates physical distancing between staff?   | Yes                          | <input type="checkbox"/> | No                          | <input type="checkbox"/> |
| Additional details (e.g. staff assigned roles/sections)  |                              |                          |                             |                          |
| <b>Ventilation</b>   |                              |                          |                             |                          |
| A well ventilated space helps to reduce the probability of infection and should be used as part<br>of your overall controls                                      |                              |                          |                             |                          |
| Do you have windows and vents that can be opened to aid<br>natural ventilation?  | Yes <input type="checkbox"/> |                          | No <input type="checkbox"/> |                          |
| Are all available windows and vents opened during working<br>hours? (these only need to be opened a little so as not to cause<br>discomfort during cold weather) | Yes <input type="checkbox"/> |                          | No <input type="checkbox"/> |                          |
| Do you have a mechanical ventilation system?   |                              |                          |                             |                          |

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|---|------------------------------|-----------------------------|
|   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is this working at its maximum flow rate?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have areas that are occupied for several hours by the same group of people?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you ensure that the occupants of such spaces have regular breaks away from the area?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| During break periods do you take the opportunity to air the area?                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Additional Information including mitigation measures  |                              |                             |
| <b>Personal Hygiene/Hand washing (additional to sanitary facilities)</b>                              |                              |                             |
| Hand washing facilities in place for staff use?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hot water available?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Adequate supply of liquid soap?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Adequate supply of hand sanitiser? (70% alcohol or greater)   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Adequate drying materials and waste facilities?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Signage on hand washing procedure?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Sufficient waste containers for hand towels?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>Sanitary Facilities (Staff use)</b>  |                              |                             |
| Have steps been taken to reduce numbers within staff toilets on premises?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hot water available?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Adequate supply of liquid soap?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Adequate supply of hand sanitiser? (70% alcohol or greater)<br>Remember to consider mobile employees. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Adequate drying materials and waste facilities?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Signage on hand washing procedure?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

|  |                              |                          |                             |                          |
|--|------------------------------|--------------------------|-----------------------------|--------------------------|
| Sufficient waste containers for hand towels?                                 | Yes                          | <input type="checkbox"/> | No                          | <input type="checkbox"/> |
| Frequency of cleaning of Sanitary Facilities:                                |                              |                          |                             |                          |
| Responsibility:  |                              |                          |                             |                          |
| <b>Sanitary Facilities (Customer Use)</b>                                    |                              |                          |                             |                          |
| Customer toilets on site?  | Yes                          | <input type="checkbox"/> | No                          | <input type="checkbox"/> |
| Have steps been taken to reduce numbers within customer toilets on premises? | Yes                          | <input type="checkbox"/> | No                          | <input type="checkbox"/> |
| Hot water available?   | Yes                          | <input type="checkbox"/> | No                          | <input type="checkbox"/> |
| Adequate supply of liquid soap?  | Yes                          | <input type="checkbox"/> | No                          | <input type="checkbox"/> |
| Adequate supply of hand sanitiser? (70% alcohol or greater)                  | Yes                          | <input type="checkbox"/> | No                          | <input type="checkbox"/> |
| Adequate drying materials and waste facilities?                              | Yes                          | <input type="checkbox"/> | No                          | <input type="checkbox"/> |
| Signage on hand washing procedure?   | Yes                          | <input type="checkbox"/> | No                          | <input type="checkbox"/> |
| Sufficient waste containers for hand towels?                                 | Yes                          | <input type="checkbox"/> | No                          | <input type="checkbox"/> |
| Frequency of cleaning of Sanitary Facilities:                                |                              |                          |                             |                          |
| Responsibility:  |                              |                          |                             |                          |
| Any portable toilet facilities in place?                                     | Yes <input type="checkbox"/> |                          | No <input type="checkbox"/> |                          |
| Details (incl. cleaning arrangements)  |                              |                          |                             |                          |
| Additional Information:  |                              |                          |                             |                          |

| <b>Breaks/Staff Rooms (where applicable)</b>                         |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| Staggered break times to facilitate physical distancing?             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Storage of personal items?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Details (lockers etc.):  |     |                          |    |                          |
| Hand washing facilities in welfare areas?                            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Seating arranged to facilitate physical distancing?                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Tables cleaned after use?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Rubbish cleared into bins (rather than left for collection)?         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Frequency of cleaning of surfaces (e.g. chairs, door handles etc.)?  |     |                          |    |                          |
| Responsibility:  |     |                          |    |                          |
| Additional information: e.g. smoking areas?                          |     |                          |    |                          |
| <b>Changing Rooms etc. (where applicable)</b>                        |     |                          |    |                          |
| Staggered start times to facilitate physical distancing?             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Hand washing facilities in changing areas?                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Facilities arranged to facilitate physical distancing?               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Frequency of cleaning of surfaces (e.g. chairs, door handles, etc.)? |     |                          |    |                          |
| Responsibility:  |     |                          |    |                          |



|   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| Additional information:   |                              |                             |  |
| <b>Waste Disposal</b>   |                              |                             |  |
| Are specific staff designated to ensure the adequate management of waste from the business?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Are these staff provided with Personal Protective Equipment?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Additional Information:   |                              |                             |  |
| <b>Close Working</b>  |                              |                             |  |
| Have work activities which require close contact been assessed to ensure only essential tasks are conducted?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Have close contact activities been assessed to ensure that effective PPE has been issued to support safe operation of these?          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Have procedures been devised to regularly clean reusable PPE (i.e. PPE used under normal conditions)?                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Have staff been trained in the correct use of PPE?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Have staff been trained in the effective cleaning of reusable PPE?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Frequency of cleaning of surfaces in shared vehicles used for deliveries (e.g. steering wheel, controls, chairs, door handles, etc.)? |                              |                             |  |
| Responsibility:   |                              |                             |  |
| Additional information:   |                              |                             |  |

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|  |  |  |     |                          |
| <b>Cleanliness</b>   |  |  |     |                          |
| Level of general cleanliness at time of visit; satisfactory/unsatisfactory   |  |  |     |                          |
| Details:   |  |  |     |                          |
| Frequency of cleaning of hand contact surfaces:  |  |  |     |                          |
| Who has responsibility?  |  |  |     |                          |
| Frequency of cleaning of Communal/Shared Equipment (e.g. trolleys, pallet lifters):<br>To include items that customers may handle                            |  |  |     |                          |
| Who has responsibility?  |  |  |     |                          |
| Staff access to cleaning equipment?  |  |  | Yes | <input type="checkbox"/> |
|  |  |  | No  | <input type="checkbox"/> |
| Cleaning procedure   |  |  |     |                          |
| • Does the process risk spreading infection?   |  |  | Yes | <input type="checkbox"/> |
|  |  |  | No  | <input type="checkbox"/> |
| • Are cleaning staff trained in correct procedure?   |  |  | Yes | <input type="checkbox"/> |
|  |  |  | No  | <input type="checkbox"/> |
| Comment:   |  |  |     |                          |
|  |  |  |     |                          |
| <b>Communication with Staff</b>  |  |  |     |                          |
| How are staff consulted on the business COVID-19 risk assessment?  |  |  |     |                          |
|  |  |  |     |                          |
| How do you help individual employees adhere to the rules including the use of face coverings and social distancing in shared communal areas of the business? |  |  |     |                          |

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| How do staff receive information/updates from management?  |
| How do management ensure that staff understand and take action on new measures adopted by your business to control COVID-19? |
| How do you ensure your staff are able to share their views and suggestions for best practice ?                               |
| <b>Additional Notes : please use this space to detail any other controls your business has adopted to control COVID-19</b>   |
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