

Public Health and Infectious Disease Risk Assessment

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COVID-style risk assessment generalised for communicable-disease controls.

Disease / risk context *(required)*

Examples per the pack; localise as needed.

- ☐ Respiratory virus
- ☐ Skin infection
- ☐ Local outbreak
- ☐ General hygiene review

Hygiene and cleaning controls in place *(required)*

If No, require a control/action.

- ☐ Yes
- ☐ No
- ☐ N/A

Symptom / exclusion policy in place *(required)*

- ☐ Yes
- ☐ No
- ☐ N/A

Ventilation and capacity controls in place *(required)*

- ☐ Yes
- ☐ No
- ☐ N/A

Controls / actions

Review date *(required)*

Set an automatic reminder.

Assessor acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:
