

COVID-19 Venue Risk Assessment



Date of function / event:	Type of function / event:
Customer name:	Assessment date:
Assessment completed by:	Signature:
Position / role in function / event:	

What control measures and precautions will be in place to reduce the risk of infection and spread of COVID-19?

Please complete in full detail each section below

How many people will be attending your function or event? Please include suppliers, officiants, entertainers, caterers etc.	
How will the room be sanitised during your event and how often?	
How will the fixtures and fittings be sanitised before, during and after your event?	
What signage, markers, barriers and measures will be in place to aid social distancing?	
Will hand sanitiser be available?	
What personal protection equipment / face coverings will be available and how often will it be replaced?	
Weddings only: Will there be a designated area for bride and groom to be seen separately by the Registrar before the ceremony and will the same sanitation and protection be in place?	
Name and contact details of person responsible for ensuring all the above is adhered to during the event:	