# General Outdoor Activity  Assessment Checklist
## (including re  Covid 19)

| U3A Name |
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| |

| Interest Group |
| --- |
| |

| Date Location/Postcode | |
| --- | --- |
| | |

| Nature and Description of Activity |
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| Part 1: Before the activity Group Organiser Check list: | (✓) |
|---|---|
| A) Consider the current Government and Public Health advice in relation to your location and the feasibility of carrying out this activity safely adhering to present social distancing requirements and permissible out-door activities. (for example currently outdoor activities are still restricted to work, shopping and exercise) <br><br> B) Consider whether your activity involves the sharing of any equipment or shared spaces and make suitable arrangements to have antiviral cleaning products available. <br><br> C) Where necessary inspect area prior to starting activity to ensure adequate social distancing can be maintained throughout and to remove/isolate any hazards. <br><br> D) Ensure travel arrangements also meet the necessary requirements <br><br> E) Consider the general hazards related to this type of activity, the impact accommodating Covid19 requirements may have on the way it is organised. These may relate to the location and potential congestion areas, obstacles, fitness levels required, appropriate dress, weather conditions etc <br><br> F) Record outcome of these considerations in writing prior to the activity and share with participants so they can complete their personal checklist in line with the information in your checklist. | |

| Before Activity Personal Checklist: | Yes (✓) |
|---|---|
| A) All participants to review their own personal health and circumstances and refer to current Government guidance for different risk categories in Covid19 and what measures are recommended for people over 70 and/or with various medical conditions. <br><br> B) Consider the health risk category of anyone else you are isolating with in your household. <br><br> C) Review the risk check list for the activity above completed by the group organiser and consider if you can take part without adverse risk to yourself or household. | |

| Part 1.    Activity Checklist outcomes: | Yes (✓) |
|---|---|
| 1A Outdoor activity, walking in groups of 6 including individual group leader for each group.<br><br>1B No shared equipment used HOWEVER each person to bring personal hand sanitiser to use when necessary particularly after touching gates and stiles etc.<br><br>1C Recce carried out on ................or alternative assessment of risk avoidance.......<br><br>1D There are no car sharing arrangements for this walk. Each walker to make their own travel arrangements to the meeting  point, within current Government guidelines.<br><br>1E The following potential  congestion areas and obstacles were identified :-<br><br>A) Meeting point. Upon arrival at ............please park your car away from other cars and stay with your car until total numbers of walkers can be ascertained and you are allocated a group to walk with.<br><br>B) Each group will have an individual group leader, who will maintain a distance of approximately 50 metres between each group whilst walking and 1 m social distance between individual walkers, unless in the same household.<br><br>C) There are..........gates on this walk, each gate to held open by one person and walkers should pass swiftly through maintaining a social distance of 1 metre.<br><br>D) Each walker should be confident they can cross a stile unaided and sanitise their hands afterwards.<br><br>D) Each group should keep 50 yards apart at coffee break.<br><br>**Before Activity Personal Checklist.**<br><br>Each walker should review their own personal health and circumstances in line with the checklist in the previous section above.<br><br>**Each walker should check the current Government Guidelines for meeting outdoors**,<br><br>In particular, those members over 70 yrs old or otherwise vulnerable  should take particular care to minimise contact with others outside their household. | |
| **Signed Group Organiser:** | DATED |

| Part 2. Personal Checklist Outcomes: | Yes (✓) |
|---|---|
| A)<br>B)<br>C) | |
| **Signed** | **Dated** |