

Covid 19

Home Quarantine Risk Assessment			Comments
Full Name			
Address:			
Marital status: i.e. Married, Partner, Single			
Travelling with children:	Yes/No		
How many children:			
Age of child/children:			
Type of dwelling:			
Detached	Yes/No		
Semi –detached	Yes/No		
How many bedrooms			
How many occupants will these bedrooms cater			
Does the house provide separate bedrooms for each individual:	Yes/No		
Does your house have running water	Yes/No		
Does your house have electricity	Yes/No		
Does your house have a Landline that is activated	Yes/No		
Do you have a waste disposal service	Yes/No		
Day of waste disposal collection			
Storage capacity for at least two weeks	Yes/No		
Residence easy accessible by vehicle	Yes/No		
Does the entry of your house have shared access?	Yes/No		
Does your property have a private garden or yard	Yes/No		
Is your property serviced by a cleaner or gardener	Yes/No		
Does your property have a designated entry point to the home with sufficient space to create a 5m x 5m area from this entrance that does not encroach on another properties boundary?	Yes/No		

Signed by who carried out the assessment:

Date: