| **Name of Church:** | **Address:** | **Date:** |
| --- | --- | --- |
| **Area of Focus**  | **Control Measure***These are the main themes from the checklist and guidance. They may not apply in each case.* | **Detailed arrangements***Set out below the detailed arrangements you will implement under each control measure. The boxes will expand as you complete them.* | **Action by?** | **Completed**  |
| PREPARATIONS | Do you need to open at this time?Defined Opening TimesProposed services and times |  |  |  |
|  | Staffing arrangements |  |  |  |
|  | Airing and Cleaning |  |  |  |
|  | Check services e.g water, electrical, heating systems |  |  |  |
|  | Fire Risk Assessment |  |  |  |
|  | Heating and Ventilation |  |  |  |
| PHYSICAL DISTANCING | Staffing arrangements incl PPE |  |  |  |
|  | Signage |  |  |  |
|  | Entry and Exits |  |  |  |
|  | One-way system |  |  |  |
|  | Taped/barriered routes |  |  |  |
|  | Seating arrangements |  |  |  |
|  | Restricted areas |  |  |  |
| HYGIENE | Hand washing sanitising |  |  |  |
|  | Face coverings |  |  |  |
|  | Prayer books and worship sheets |  |  |  |
|  | Shared objects |  |  |  |
|  | Music |  |  |  |
| CLEANING | Cleaning team |  |  |  |
|  | PPE |  |  |  |
|  | Cleaning regime |  |  |  |
| SPECIFIC ACTIVITIES | Holy Communion |  |  |  |
|  | Baptisms |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Compiled By:** | **Approved by:****Incumbent/Area Dean:****Archdeacon:** | **Date:** |