

COVID-19 FILE INDEX

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Workspace South Africa

POLICY STATEMENT: COVID-19

1. OBJECTIVE

- 1.1 The aim of this policy is to ensure a safe working environment for all employees and to reduce or mitigate the risk of the spread of the Coronavirus Disease 2019 “COVID-19” virus at the workplace. Section 8 of the Occupational Health and Safety Act, 1993 “OHSA” requires every employer to provide and maintain, as far as reasonably practicable, a working environment that is safe and without risks to the health of its employees. Similarly, the OHSA also imposes a duty on employees to take reasonable care of their own health and safety and that of their fellow employees.
- 1.2 Information pertaining to COVID-19 is being provided by various authorities on a regular basis and it is important to ensure that updates are obtained and disseminated throughout the organisation.
- 1.3 Due to the high incident of “fake news”, only the Covid-19 Coordinator or Chris is authorized to forward information relating to the virus to ‘All Staff’. The Covid-19 Coordinator is under instruction to verify the credibility of the source before forwarding; for example, the World Health Organisation “WHO” and the National Institute for Communicable Diseases “NICD” are deemed credible. The unauthorized spreading of unverified information may contribute to unnecessary panic, stigma and discrimination, all of which do not add value and will lead to disciplinary measures being followed.
- 1.4 This policy is subject to amendment as per additional governmental guidelines/gazettes being published.
- 1.5 To provide guidelines and procedures to employees in terms of dealing with the COVID-19 virus at the workplace.

2. COVID-19 EXPLAINED

a. **How does COVID-19 spread?**

COVID-19 is most likely to spread when there is close contact (2 meters or less) with an infected person. It is likely that the risk increases as the period of exposure to an infected person lengthens. Contaminated droplets produced when an infected person coughs or sneezes are the main means of transmission. There are two main routes by which people can spread COVID-19:

- Infection can be spread to people who are nearby, as droplets are inhaled into the lungs.
- It is also possible that someone may become infected by touching a surface, object or the hand of an infected person who has been contaminated and then touching their own mouth, nose or eyes.

b. **Primary Symptoms of COVID-19**

The Following symptoms may develop in the 14 days following exposure to someone infected with COVID-19:

- Sore throat
- Difficulty in breathing
- Dry cough
- Tiredness
- Fever

Infections can cause more severe symptoms in people with weakened immune systems, older people and those with long-term conditions like diabetes, cancer and chronic lung disease.

c. **What to do if you develop symptoms**

People who do contract COVID-19 may take anywhere from one to twenty-one days to develop symptoms. Even if you do not have a history of travel to a COVID-19 affected region or contact with an individual who has contracted the illness, you must still inform your manager or supervisor if you present with symptoms of COVID-19.

Hotline for the COVID-19 as per the Department of Health website: 08000 2 9999

Employees should notify their manager/supervisor and stay at home if they are sick and have been booked off. All employees should follow the company's sick leave policy in such situations. If the company has reason to suspect that an employee has been infected with COVID-19 or an employee becomes ill at work, the employer will request the employee to leave the workplace and seek medical treatment and/or testing immediately.

3. **APPLICATION**

This policy includes measures being taken to mitigate the spread of COVID-19. You are kindly requested to follow all these requirements to sustain a healthy and safe workplace. It is important that we all respond responsibly and transparently to these health precautions.

Current risk assessments need to be reviewed and updated in order to take the new hazards posed by the COVID-19 VIRUS into account.

Although it may not be possible to eliminate these hazards, it is of utmost importance to ensure that various engineering controls, administrative controls and safe working practices are put in place in order to minimize the risk of transmission.

Herewith a definition of the three areas of control:

“Engineering controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying solely on worker behaviour and can be the most cost-effective solution to implement.” (As per DOL – Workplace Preparedness COVID-19 document of 2020)

“Administrative controls require action by the employee and employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard.” (As per DOL – Workplace Preparedness COVID-19 document of 2020)

“Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard.” (As per DOL – Workplace Preparedness COVID-19 document of 2020)

The following controls need to be considered and the required arrangements need to be implemented.

3.1 Quarantine and working from home

If an employee has been in close contact with an individual who has since been diagnosed with COVID-19, the employee must immediately inform HR or their manager/supervisor and contact the COVID-19 Hotline. Close contact means that the employee was in face-to-face contact (i.e. within 1 meter) or in a closed space for more than 15 minutes with a person with COVID-19.

If, after informing the Department of Health, the employee is required to self-quarantine, then the following policies will apply:

- If the employee is able to work during this period, then there is no requirement to submit a sick leave or annual leave request. The employee is, however, required to report daily to their manager.
- Should the employee become sick during this period, then normal sick leave policy will apply.

Please refer to Government Gazette 43257 regulations 21 & 22 for more detail on the symptoms screening process and requirements as well as regulations 23 & 24 that deals with what the employer needs to do when an employee shows symptoms or test positive for COVID-19, as attached in annexure A of this policy. Also refer to the workplace plan for additional guidance as well as arrangements in terms of employees working from home.

3.2 Travel

All domestic flight travel is suspended until further notice unless absolutely necessary as determined by the parties concerned. Local travel to clients will still be required but must be done in line with current protocols of low contact and high hygiene. In this instance, the company will also be guided by their clients in terms of the clients' needs and expectations. All non-essential travel, particularly on public transport, is discouraged.

Please refer to the COVID-19 Workplace plan for more details on employee transport and travel arrangements.

3.3 Meetings

- Consider whether a face-to-face meeting or event is needed – could it be replaced by a teleconference or any other electronic platform?

- Could the meeting be scaled down so that fewer people attend?
- Ensure that all participants in the meeting have washed their hands for 20 seconds or utilized a hand sanitizer prior to the meeting commencing.
- Ensure that all delegates are seated at least 1.5 meters apart.
- The names and contact details of all participants in the meeting should be retained for at least one month. This may be done through the completion of a register and will assist healthcare authorities in tracing those who have been exposed to COVID-19 if a participant does become ill with the virus shortly after the meeting.
- If a participant should contract the virus shortly after the meeting, the company must inform all participants.

3.4 Hygiene in the workplace

- All visitors and employees entering the offices must be requested by the receptionist to wash their hands or utilize a hand sanitizer on entering the premises.
- Coughs and sneezes must be covered with a tissue, the tissue must be disposed of in the relevant waste bin.
- Frequently touched objects, including workstations and surfaces, must be cleaned and disinfected using a regular household cleaning spray or wipe.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, an alcohol-based hand sanitizer with at least 70% alcohol must be used.
- Handshakes with any staff or clients must be AVOIDED, one's face should not be touched either.

Please refer to Government Gazette 4327 regulations 25, 26, 27, 28 and 29 for more detail on the requirements in terms of sanitizers, disinfectants and other measures to ensure the workplace is kept hygienically clean in annexure B of this policy. Also refer to the workplace plan for additional guidance and arrangements in terms of hygiene.

3.5 Wearing face masks

The use of face masks is required as an additional preventative measure against COVID-19 and has been recommended for use by the National Department of Health. It must be noted that wearing a mask is not a primary preventative measure and should not provide a false sense of protection.

3.6 Seminars, Training and Conferences

No employee may attend external seminars, training or conferences, unless approved by the Managing Director. The presentation of seminars and training to clients will be converted to online/blended facilitation.

3.7 Consequence of breach

If an employee breaches this policy the necessary disciplinary action will be taken. It is important to note that the company's sick leave policy will not be adjusted or become flexible during the outbreak of COVID-19. The normal sick leave policy which is in line with Labour Law will still apply.

It is the employee's responsibility to contact management should he/she have any queries related to this Policy.

BUSINESS OWNER SIGNATURE (CEO)

DATE

EMPLOYEE WORKPLACE EXPOSURE CLASSIFICATION

COVID-19 (not general exposure)

RATINGS	EXAMPLES	NAMES OF OUR STAFF IN THIS
Very high exposure	Healthcare and morgue workers	
High exposure	Healthcare delivery and support Medical transport workers Mortuary workers	
Medium exposure	Exposure to recent international travellers, Schools, Close proximity to co-workers/Consulting rooms	
Lower exposure	Minimal exposure to public and co-workers	Nadia Moore 7208250091081 Danielle Olkers 8711020178087 Abongile Manyisane 8706121254084

COVID-19 WORKPLACE PREPAREDNESS AND RESPONSE PLAN

**First Floor Constantia Emporium, c/o Ladies Mile & Spaanschemat
River Road, Constantia, 7806**

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1. INTRODUCTION

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. To reduce the impact of the COVID-19 outbreak on businesses, workers, customers, and the public, all employers need to develop and implement a response plan. This COVID-19 preparedness and response plan was developed based on the guidance provided by the following governmental departments and organizations: National Institute of Communicable Diseases (NICD), National Institute of Occupational Health (NIOH), Department of Employment and Labour (DoEL), and the World Health Organization (WHO)

This document will provide measures to prevent the spread of COVID-19 and a quick response procedure in the event of possible contamination.

2. SIGNS, SYMPTOMS, AND SPREAD OF COVID-19

The following symptoms may develop between 2-14 days after exposure to someone who has COVID-19:

- Dry cough
- Sore throat
- Difficulty breathing
- Tiredness
- Fever

Generally, the infection can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer, and chronic lung disease.

From what we know about other coronaviruses, the spread of COVID-19 is most likely to happen when there is close contact (2 meters or less) with an infected person. The risk likely increases the longer someone has close contact with an infected person.

There are two main means by which people can spread COVID-19:

- Infection can be spread to people who are nearby (within 2 meters) when droplets containing the virus are inhaled into the lungs.
- It is also possible that someone may become infected by touching a surface, object, or the hand of an infected person that has been contaminated with respiratory secretions, and then touching their mouth, nose, or eyes (such as touching a door knob or shaking hands then touching their own face).

3. WORKPLACE PREPARATION

The steps for preparing the workplace for the resumption of activities or production after lockdown includes the following:

- Clean and sanitize the entire workplace before commencing work
- Determine the number of employees per area to accommodate social distancing.
- Develop and implement a workplace cleaning strategy; this may include:
 - Frequency of cleaning
 - Type of chemicals to be used
 - Location of sanitizing stations throughout the workplace
- Communicate the information in this document to all employees.

4. WORKPLACE PRACTICES

There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.

The following is a guideline in the prevention of the Coronavirus being spread:

- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay at home when you are sick and try to keep a distance from others at home.
- Cover your cough or sneeze with a flexed elbow or a tissue, making sure to throw the tissue in the bin immediately, and wash your hands straight away.
- Clean and disinfect frequently touched objects and surfaces.
- Social distancing of 2 meters must be maintained.
- Avoid contact with farm or wild animals (alive or dead) and consuming uncooked meat.

5. WORKPLACE ACCESS PROTOCOLS

- All persons must wear a mask, covering their mouth and nose.
- A temperature check must be performed on all persons entering the workplace.
- All persons entering the workplace must truthfully complete a daily screening questionnaire.
- All visitors, couriers, and suppliers must complete a register providing the following information:
 - Name
 - ID Number
 - Contact number
- All visitors registers should be kept on file for tracking and tracing purposes
- All visitors, couriers, and suppliers must sanitize their hands before entering the workplace.

6. GENERAL WORKPLACE PROTOCOLS

- Hand sanitizers (minimum 70% alcohol based content) must be available at the entrance of the workplace and work areas.
- Distance between employees, where practical, must be kept at all times.
- All tools/workstation must be sanitized daily before use, and when shared amongst employees.
- Breaks and lunch breaks will be staggered to avoid unnecessary crowding.
- No crowding in the kitchen and smoking areas will be allowed.

- No kitchen utensils should be shared unless it has been washed and dried between uses.
- All work surfaces and common areas should be cleaned as well as sanitized at regular intervals.
- PPE must not be shared amongst employees.

7. OUT OF OFFICE PROTOCOLS

- All employees & visitors must adhere to the local rules at the destination.
- Maintain workplace etiquette protocols and social distancing.
- Report any suspected COVID-19 cases to Chris or Bianca immediately.

8. WORKPLACE EMERGENCY PROTOCOLS

- Any person who has had close contact with a confirmed case while they were ill or in the 7 days preceding the onset of the illness should be carefully monitored (at home) for the appearance of respiratory symptoms.
- Employees experiencing any symptoms related to COVID-19 should report it to their supervisor immediately.
- Immediately isolate individuals suspected of having COVID-19. Move potentially infectious individuals to an isolated location away from workers, customers, and other visitors if possible.
- Isolated individuals should leave the workplace as soon as possible. Depending on the severity of the isolated individuals' illness, they might be able to return home or seek medical care on their own, but some individuals may need emergency medical services.
- Clean and disinfect potentially contaminated environments.
- If the employee/s test negative for COVID-19, follow the usual sick leave process.
- If the employee/s test positive for COVID-19, follow the following process:
 - Report the case to the following government departments, if applicable:
 - NCID – 0800 029 999
 - DoEL – 0860 105 350 / 012 326 1570
 - Inform everyone the person came into contact with at the workplace.
 - Employee/s should self-isolate in a mild case or should be hospitalized in severe cases
 - Employee/s only to return 14 days after being declared medically fit by a medical practitioner.
- All persons that came into contact with the infected person, should inform relatives and self-isolate at home for seven days.
- The affected persons will return to work if they have no symptoms of COVID-19.

9. TRAVELLING TO WORK

- Wherever possible, employees should travel to work alone using their own transport.
- If transport is shared, keep in mind that vehicles cannot exceed 50% of their licensed capacity.
- All occupants should wear a face mask.
- If making use of public transport, keep the following in mind:
 - During the lockdown period, the following public transport vehicles must not carry more than 70% of their maximum licensed passenger seating capacity as follows:
 - A minibus licensed to carry 10 passengers, is limited to carry a maximum of 7 passengers;
 - A minibus licensed to carry 15 passengers, is limited to carry a maximum of 10 passengers;
 - A minibus licensed to carry 22 passengers, is limited to carry a maximum of 15 passengers;
 - These regulations may change over time.
 - All occupants must wear a face mask.
 - Sanitize your hands before entering and after leaving the vehicle.

10. CONCLUSION

The control measures stipulated in this document are based on the findings of a workplace-specific HIRA. These measures will be reviewed periodically to ensure that all visitors, suppliers and employees are protected against the spread of COVID-19.

11. REFERENCES

The National Institute for Occupational Health (NIOH)
National Institute of Communicable Diseases (NICD)
Department of Employment and Labour (DoEL)
The United State of America's Department of Labor (OHSA) EU-OS

SIGNATURE

DATE

COVID-19

Online Resource & News Portal
SAcoronavirus.co.za



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

CORONA VIRUS(COVID-19) 24-HOUR HOTLINE NUMBER

0800 029 999

CORONA VIRUS(COVID-19) WhatsApp Number:

0600 12 3456

Step 1: Save The Number To Your Contacts On Your Cellphone.

Step 2: In Send The Word "Hi" To Covid-19 Connect And Start Chatting

COVID-19 RISK ASSESSMENT

RESPONSIBLE PERSON (NAME)		SIGNATURE	DATE
TASK/ACTIVITY	HAZARD	RISK RATING	PREVENTION
Coming to Workplace (Sick)	Sick employee may come to work and infect other workers	Med	<ul style="list-style-type: none"> • Awareness training • Sick workers encouraged to rather than come to work • Sanitizer made available at entrance • Self-declaration • Supervisor to monitor for signs of illness • Daily temperature readings • All workers to wear face masks at all times • Increased ventilation • Social distancing • Cleaning of work spaces and common areas • Staggered lunch times • Sick employee to be isolated and not allowed to work
Coming to office (sick)	Sick employee may come to office and infect other workers	Med	<ul style="list-style-type: none"> • Awareness training • Remote work where possible • Sick workers encouraged to rather than come to work • Sanitizer made available at entrance • Self-declaration • Supervisor to monitor for signs of illness • Daily temperature readings • All workers to wear face masks at all times • Increased ventilation • Social distancing • Cleaning of work spaces and common areas • Staggered lunch times • Sick employee to be isolated and not allowed to work
Receiving deliveries	Delivery person or member of their team may handle items while infected, transmission of virus on handled goods	Med	<ul style="list-style-type: none"> • Using appropriate PPE • Sanitizer made available at entrance • Sanitizing items where possible • Avoid direct contact with delivery person • Keep register (and take temperature)

TASK/ACTIVITY	HAZARD	RISK RATING	PREVENTIVE MEASURES
Infection transmission in the workplace	Sick employee may infect other workers	Med	<ul style="list-style-type: none"> • Awareness training • Display Covid-19 Awareness/pre • Sick workers encouraged to rath • Reduced number of workers at th • Sanitizer made available at entra • Self-declaration • Supervisor to monitor for signs o • Daily temperature readings • All workers to wear face masks a • No sharing of work spaces/tools/ • Increased ventilation • Social distancing • Barriers between workstations if • Regular cleaning of work spaces • Staggered lunch times • Sick employee to be isolated and
TASK/ACTIVITY	HAZARD	RISK RATING	PREVENTIVE MEASURES
Travelling in Vehicle with other employees	Infections due to close proximity	Med	<ul style="list-style-type: none"> • Only driver in the front • All wear face masks • Vehicle sanitized before and after • Social Distancing
Ablutions	Spread of infections due to poor sanitation	Low	<ul style="list-style-type: none"> • Display information regarding Co • Signage in ablutions • Regular cleaning & sanitizing • Disposable towels
Lack of awareness among staff/visitors	Spread of infection due to lack of awareness	Low	<ul style="list-style-type: none"> • Display information regarding Co • Provide training • Signage in ablutions • Share Covid-19 Emergency Cont • Provide PPE to Staff • Require Masks worn (visitors)
Disposal of Used PPE	Used PPE may carry virus	Med	<ul style="list-style-type: none"> • Designated disposal container • Place items in sealed bag before

REVIEWED (monthly)				
Month 1	Month 2	Month 3	Month 4	Month 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Month 7	Month 8	Month 9	Month 10	Month 11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COVID-19 INDUCTION TRAINING & REGISTER

- Discuss Covid-19 danger & Company Policy about Covid-19
- Discuss Risk assessment & preventative measures (incl compulsory use of PPE eg. Masks)
- Discuss Safe Work Practice
- Discuss what to do if suspect infection (while at home & while at work)
- Information Hotline: 0800 029 999 Whatsapp: 0600 123456

I certify that I have been advised of the Covid-19 risk assessment and undertake to comply with the preventative measures at all times.

DATE	INITIALS AND SURNAME	COMPANY NAME	SIGNATURE

Please complete a *COVID-19 SELF-DECLARATION FOR ENTRY INTO THE WORKPLACE Questionnaire*

COVID-19 INDUCTION TRAINING & REGISTER

- **Discuss Covid-19 danger & Company Policy about Covid-19**
- **Discuss Risk assessment & preventative measures (incl compulsory use of PPE eg. Masks)**
- **Discuss Safe Work Practice**
- **Discuss what to do if suspect infection (while at home & while at work)**
- **Information Hotline: 0800 029 999 Whatsapp: 0600 123456**

I certify that I have been advised of the Covid-19 risk assessment and undertake to comply with the preventative measures at all times.

[illegible]

Please complete a *COVID-19 SELF-DECLARATION FOR ENTRY INTO THE WORKPLACE*
Questionnaire

COVID-19 SELF-DECLARATION FOR ENTRY INTO THE WORKPLACE

Access is subject to completing this document.

Full Name & Surname	
Cellular number	
Reason for visit	
Name of person being visited	

Have you been in contact with somebody who is confirmed to have COVID-19 in the last 14 days?

Are you currently suffering from any of the following symptoms?

DECLARATION

I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion. I further undertake to inform _____ (name of business/supervisor) should I be diagnosed with COVID-19 within the next 14 days so as to facilitate contact tracing.

QUESTIONS	YES	NO
Have you travelled internationally in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in contact with somebody who is confirmed to have COVID-19 in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently suffering from any of the following symptoms?		
Fever	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
Body Pains/Headache	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE

COVID-19 SELF-DECLARATION FOR ENTRY INTO THE WORKPLACE

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DECLARATION

I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion. I further undertake to inform _____ (name of business/supervisor) should I be diagnosed with COVID-19 within the next 14 days so as to facilitate contact tracing.

SIGNATURE	DATE

COVID-19 SELF-DECLARATION FOR ENTRY INTO THE WORKPLACE

Access is subject to completing this document.

Full Name & Surname	
Cellular number	
Reason for visit	
Name of person being visited	

Have you travelled internationally in the last 14 days?

Have you been in contact with somebody who is confirmed to have COVID-19 in the last 14 days?

Are you currently suffering from any of the following symptoms?

DECLARATION

I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion. I further undertake to inform _____ (name of business/supervisor) should I be diagnosed with COVID-19 within the next 14 days so as to facilitate contact tracing.

QUESTIONS	YES	NO
Have you travelled internationally in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE	DATE	QUESTION
		Have you travelled internationally in the last 14 days?

COVID-19 SELF-DECLARATION FOR ENTRY INTO THE WORKPLACE

Have you been in contact with somebody who is confirmed to have COVID-19 in the last 14 days?

Are you currently suffering from any of the following symptoms?

Access is subject to completing this document.

Full Name & Surname		Fever
Cellular number		Cough
Reason for visit		Sore Throat
Name of person being visited		Body Pains/Headache
		Shortness of breath

DECLARATION

I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion. I further undertake to inform _____ (name of business/supervisor) should I be diagnosed with COVID-19 within the next 14 days so as to facilitate contact tracing.

QUESTIONS	YES	NO
Have you travelled internationally in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in contact with somebody who is confirmed to have COVID-19 in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently suffering from any of the following symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
Body Pains/Headache	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE

DATE

COVID-19 SELF-DECLARATION FOR ENTRY INTO THE WORKPLACE

Access is subject to completing this document.

DECLARATION

I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion. I further undertake to inform _____ (name of business/supervisor) should I be diagnosed with COVID-19 within the next 14 days so as to facilitate contact tracing.

Full Name & Surname	
Cellular number	
Reason for visit	
Name of person being visited	

SIGNATURE	QUESTION
	Have you travelled internationally in the last 14 days?

COVID-19 SELF-DECLARATION FOR ENTRY INTO THE WORKPLACE

Have you been in contact with somebody who is confirmed to have COVID-19 in the last 14 days?

Are you currently suffering from any of the following symptoms?

Access is subject to completing this document.

Full Name & Surname		Fever
Cellular number		Cough
Reason for visit		Sore Throat
Name of person being visited		Body Pains/Headache
		Shortness of breath

DECLARATION

I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion. I further undertake to

inform _____ (name of business/supervisor) should I be diagnosed with COVID-19 within the next 14 days so as to facilitate contact tracing.

Name of person being visited	
------------------------------	--

SIGNATURE	

COVID-19 SELF-DECLARATION FOR ENTRY INTO THE WORKPLACE

Access is subject to completing this document.

Full Name & Surname	
Cellular number	
Reason for visit	
Name of person being visited	

QUESTION
Have you travelled internationally in the last 14 days?
Have you been in contact with somebody who is confirmed to have COVID-19 in the last 14 days?
Are you currently suffering from any of the following symptoms?
Fever
Cough
Sore Throat
Body Pains/Headache
Shortness of breath

DECLARATION

I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion. I further undertake to inform _____ (name of business/supervisor) should I be diagnosed with COVID-19 within the next 14 days so as to facilitate contact tracing.

QUESTIONS	YES	NO
Have you travelled internationally in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in contact with somebody who is confirmed to have COVID-19 in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently suffering from any of the following symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
Body Pains/Headache	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE

DECLARATION

I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion. I further undertake to inform _____ (name of business/supervisor) should I be diagnosed with COVID-19 within the next 14 days so as to facilitate contact tracing.

SIGNATURE	DATE

COVID-19 SELF-DECLARATION FOR ENTRY INTO THE WORKPLACE

Access is subject to completing this document.

Full Name & Surname	
Cellular number	
Reason for visit	

DAILY COVID-19 REGISTER & TEMPERATURE READINGS

All Visitors, Workers, Delivery Person, Residents entering works must have Temperature Reading recorded.

Use of face masks is required at all times. Observe social distancing.

Date:		Responsible Person:	
NAME & SURNAME		COMPANY NAME (IF APPLICABLE)	CONTACT N

DAILY COVID-19 REGISTER & TEMPERATURE READINGS

All Visitors, Workers, Delivery Person, Residents entering works must have Temperature Reading recorded.

Use of face masks is required at all times. Observe social distancing.

Date:		Responsible Person:	
NAME & SURNAME		COMPANY NAME (IF APPLICABLE)	CONTACT N

[illegible]

DAILY COVID-19 REGISTER & TEMPERATURE READINGS

All Visitors, Workers, Delivery Person, Residents entering works must have Temperature Reading recorded.

Use of face masks is required at all times. Observe social distancing.

[illegible]

Date:

Responsible Person:

NAME & SURNAME

COMPANY NAME
(IF APPLICABLE)

CONTACT N

DAILY COVID-19 REGISTER & TEMPERATURE READINGS

All Visitors, Workers, Delivery Person, Residents entering works must have Temperature Reading recorded.

Use of face masks is required at all times. Observe social distancing.

[illegible]

DAILY COVID-19 REGISTER & TEMPERATURE READINGS

All Visitors, Workers, Delivery Person, Residents entering works must have Temperature Reading recorded.

Use of face masks is required at all times. Observe social distancing.

Date:		Responsible Person:	
NAME & SURNAME		COMPANY NAME (IF APPLICABLE)	CONTACT N

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NAME & SURNAME		COMPANY NAME (IF APPLICABLE)	CONTACT N

APPOINTMENT OF COVID COORDINATOR

Dear _____, As CEO/ Supervisor it is my legal duty to ensure we have a safe work environment. I hereby appoint you as our site COVID coordinator.

YOUR DUTIES WILL BE:

- To ensure management have completed a **risk assessment** for the Company & workplace.
- To ensure management complete an induction with every staff member and have them sign the induction register
- To ensure we keep detailed daily attendance registers for both workers and visitors. This will help with tracking and tracing later if/when someone gets infected.
- To ensure we purchase temperature guns, take readings and keep a register each day.
- To ensure management enforce the use of face masks at work.
- To ensure management investigate possibility of staggered lunch times, smoke breaks or even shifts.
- To ensure bathrooms comply with our risk assessment.
- To ensure workers do not share a sanitizer.
- To ensure that all shared workstations and equipment are sanitized between shifts and registers kept.
- To ensure we post prominent emergency contact number for visitors and workers within 2 weeks of today.
- To ensure management investigate individual workers commuting methods and report back to yourself.

Please be assured of my full support in this critical assignment

CEO/Supervisor Signature

Date

Appointee Signature in acceptance

Date

APPOINTMENT OF COVID-19 COMPLIANCE EMPLOYEE

Dear _____, as CEO/ COVID-19 coordinator it is my legal duty to ensure we have a safe work environment. I hereby appoint you as our site COVID-19 Compliance employee/Officer.

YOUR DUTIES WILL BE:

- To ensure management have completed a **risk assessment** for the site.
- To complete an induction with every staff member, site visitor, delivery person entering the site and have them sign the induction register.
- To ensure we keep detailed daily attendance registers for both workers and visitors & record their temperature. This will help with tracking and tracing later if/when someone gets infected.
- To ensure we make use of temperature guns, take readings and keep a register each day.
- To ensure workers & visitors sanitize their hands when arriving and leaving the site.
- To ensure & enforce the use of face masks at all times (except while eating or drinking).
- To ensure workers take staggered tea & lunch times, smoke breaks or even shifts.
- To ensure no sharing of PPE, tools, food or drink or personal sanitizer.
- To ensure bathrooms comply with our risk assessment & are sanitized 3 times daily.
- To ensure that all shared work areas are sanitized between shifts and registers kept.
- To ensure we post/share Covid-19 Emergency contact numbers for visitors and workers
- To ensure transport vehicles are sanitized before and after trips.
- To assist with daily sanitizing of tools at the start & end of work.
- To monitor and enforce Covid-19 preventative measures on site, including social distancing.

Please be assured of my full support in this critical assignment

CEO/Supervisor Signature

Date

Appointee Signature in acceptance

Date

DAILY WORKSPACE SANITIZING REGISTER

RESPONSIBLE PERSON	Name here
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All tools/workspaces to be sanitized daily & between use by workers

[illegible]

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DAILY WORKSPACE SANITIZING REGISTER

RESPONSIBLE PERSON	Name here
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All tools/workspaces to be sanitized daily & between use by workers

[illegible]

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DAILY WORKSPACE SANITIZING REGISTER

RESPONSIBLE PERSON	Name here
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All tools/workspaces to be sanitized daily & between use by workers

[illegible]

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DAILY TRANSPORT VEHICLE SANITIZING REGISTER

RESPONSIBLE PERSON	Name here
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[illegible]

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DAILY TRANSPORT VEHICLE SANITIZING REGISTER

RESPONSIBLE PERSON	Name here
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[illegible]

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DAILY TRANSPORT VEHICLE SANITIZING REGISTER

RESPONSIBLE PERSON	Name here
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[illegible]

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DAILY ABLUTION SANITIZING REGISTER

RESPONSIBLE PERSON	Name here
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[illegible]

DAILY ABLUTION SANITIZING REGISTER

RESPONSIBLE PERSON	Name here
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[illegible]

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