

A B Equipment Pty Ltd

Sub-Contractors (working on behalf of A B Equipment) COVID-19 Safe

Checklist

Head Office: 14 Vallance Street, St Marys NSW 2760

<u>Danielle Garret</u>: 0409 366 000 Date: August 2020

You will need to have a plan in place to ensure your area(s) is COVID safe.

These checklists are a tool that can assist you as you work through developing your own Management Plan if you have more than 5 staff members. They contain the actions required to manage and control the risk of COVID infection.

This must be completed on every job unless you can supply your own plan.

Instructions for using the Checklist:

- Checklists should be reviewed by the Manager or staff responsible for the work or environment prior to commencing
 operations on behalf of A B Equipment Pty Ltd.
- If there are multiple areas with the same activity e.g. different stores, Checklist can be used (as long as the activities are the same in principal).
- Please retain a copy of your Checklist

Note: This Checklist is not exhaustive.

Reference: Department of Health and Human Services (DHHS), Safe Work Australia and WorkSafe.

Management are responsible for ensuring that before commencing work on behalf of A B Equipment Pty Ltd, contractors engaged at a local level complete and sign this checklist, in addition to local induction requirements.

Before you proceed to undertake your du>es, you need to disclose and report if you are experiencing flu-like symptoms.

Do you feel unwell?	Yes □ No □		
Have you returned from anywhere overseas within the last month ?	☐ Yes		
	□ No		
Are you experiencing any of the following flu-	☐ Fever	☐ Runny nose	☐ Joint pain
like symptoms?	☐ Coughing	☐ Sore throat	\square Vomiting
If you have any of these symptoms, you are not to a[end any site on behalf of A B Equipment Pty Ltd until medical clearance has been obtained	☐ Difficulty breathing	☐ Muscle pain	☐ Diarrhoea
	☐ Loss of sense of smell		☐ None of the above
Are you awaiting test results for COVID-19?	Yes □ No □		
	If Yes, you are not to attend any site until you have a 'negative result'.		
☐ Maintain good personal hygiene (wash hands ☐ Follow and abide by building signage, includir ☐ Clean and disinfect high touch surfaces regulared. ☐ Refrain from shaking hands and other physicared. ☐ Stay at home if unwell Sub-Contractor Representative — This form must be subrought of the subsequent of the subseque	ng occupancy limits and Perso arly when working al greetings nitted with all job sheets	nal Protective Equipment	
Name:	C	Contact Details:	
Company:	C	Contact Details:	