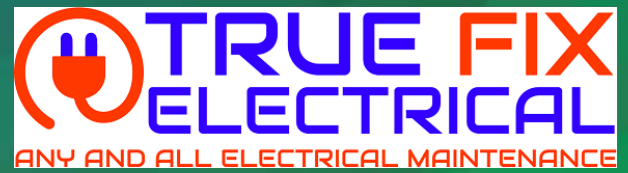


COVID-19 PROCEDURE



Customer/Client Checklist Prior to Attending Site

JOB NUMBER: _____

Checklist Prior To Attending Site	NO	YES
Are there any persons at the property that have been diagnosed with COVID-19 (Coronavirus)?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any persons at the property that have returned from overseas in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any persons at the property that are in isolation?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any persons at the property that are unwell and could potentially have COVID-19 (difficulty breathing, coughing, cold like symptoms)?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any persons at the property that have been in contact with anyone with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any persons at the property that have an underlining health condition (asthma, diabetes, heart condition, cancer etc)?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any persons at the property that are over the age of 60?	<input type="checkbox"/>	<input type="checkbox"/>

If YES is answered to ANY of the above questions no employee/subcontractor is to visit/attend this property without prior approval from management. This section below is to be completed to identify any specific controls put in place over and above the COVID-19 MANAGEMENT PROCEDURE.

Specific controls to implement due to risks identified above:

Management approval for the above controls: YES NO

Signed:

Date: