

Safety Checklist Prior to attending Client Site

Company name:			
Client name:			
Client address:			
Service Job No.			
Employee conducting work:		Date:	

Section 1: Checklist to be completed prior to attending site

Are their individuals at your workplace not fully vaccinated?	YES	NO
Are their individuals at your workplace that have not had their first vaccination?	YES	NO
Are there any individuals at your workplace that have been diagnosed with COVID-19?	YES	NO
Are there any individuals from your workplace that have been in contact with someone with COVID-19 and are currently self-isolating?	YES	NO
Are there any individuals at your workplace that have undergone a COVID-19 test in the last 7 days and are awaiting a result?	YES	NO
Are there any individuals at the property that are currently unwell and showing cold-like symptoms associated with COVID-19?	YES	NO
<p>LUNA OFFICE use only: <i>If a client answers yes to any of the above questions and the work is authorised to continue please list specific controls put in place to ensure safety of employee on site:</i></p> 		
Signed:	Date:	Time:

Section 2: Steps to minimise risk of infection at Client Site

Is there QR code check in prior to entry to the workplace?	YES	NO
Is there the correct PPE to maintain personal safety available? (tick those appropriate)		
• P2 Safety respirator	YES	NO
• Clear safety glasses	YES	NO
• Disposable Gloves	YES	NO
• Alcohol Based Hand sanitiser	YES	NO
• Alcohol based Disposable wipes	YES	NO
Are surfaces sanitised before work commences?	YES	NO
Avoid handling documentation - use electronic communication wherever possible	YES	NO
Dispose of waste from job in an appropriate manner on client site (if possible)	YES	NO
Correct hand washing/sanitising procedures upon exit from workplace?	YES	NO
Signed:	Date:	Time:

Section 3: Job completion

Date Job Completed:		Time Job Completed:	
Completed by:		Signature:	