SAFETY INSPECTION CHECKLIST FOR INFECTIOUS DISEASE RISKS

Workplace:		Inspected By:		Date:	

	Checklist	Compliance			Actions Required / Comments	Actions Required By (Responsible Person)	Date Required
1.	Are authoritative sources (e.g. Government Agencies, Dept of Health, news media outlets) being monitored for any new information on infectious diseases?	☐ Yes	☐ No	☐ N/A			
2.	Have all personnel been advised to report any symptoms of an infectious disease?	☐ Yes	☐ No	☐ N/A			
3.	Have all personnel been advised to report if they have been in a personal contact with an infectious disease?	☐ Yes	☐ No	☐ N/A			
4.	Is there a [illegible] identified [illegible] all personnel?	☐ Yes	☐ No	☐ N/A			
5.	Any observations of personnel experiencing adverse effects to their health and/or wellbeing are being managed?	☐ Yes	☐ No	☐ N/A			
6.	Has consultation with workers to identify infectious disease exposure hazards and risks associated with the workplace and planned work been undertaken?	☐ Yes	☐ No	☐ N/A			
7.	Are infectious disease risk assessments and risk control measures (e.g. physical/social distancing, rescheduling of breaks, work from home, etc.) being fully implemented and followed?	☐ Yes	☐ No	☐ N/A			

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8.	Are safe hygiene rules being implemented and followed?	☐ Yes	☐ No	☐ N/A			
9.	Are personnel undertaking meetings by phone or online instead of in person wherever possible?	☐ Yes	☐ No	☐ N/A			
10.	Are regular inspections being conducted and are hazards and risks being reported so that corrective and preventative actions can be taken?	☐ Yes	☐ No	☐ N/A			
	Is appropriate [illegible] information [illegible]						

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	Checklist	Compliance			Actions Required / Comments	Actions Required By (Responsible Person)	Date Required
18.	Is the necessary PPE available and is the condition of the PPE suitable for use?	☐ Yes	☐ No	☐ N/A			
19.	Are personnel wearing the recommended PPE (e.g. face mask, eye and face protection, protective clothing, etc) as required?	☐ Yes	☐ No	☐ N/A			
20.	Are all personnel washing hands before eating?	☐ Yes	☐ No	☐ N/A			

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