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| **General** | | | | | | | |
| **No.** | **Item** | | **Yes/No** | **Comments/Action Required** | | | |
| **1.** | Does the contractor have the COVID-19 Policy/Safe Work Procedure (SWP)? (Does it include issues such as social distancing, vulnerability & morbidity employees and control etc.?) | |  |  | | | |
| **2** | Is the contractor COVID-19 Policy/ SWP accepted? | |  |  | | | |
| **3** | Does the contractor Induction include COVID-19? | |  |  | | | |
| **4** | Does the induction include all the employees, security personnel, deliveries, suppliers, visitors? | |  |  | | | |
| **5** | Is the awareness programme in place for the employees related to COVID-19? | |  |  | | | |
| **6** | PPE matrix based on risk assessment? (Such as Sanitizers, face shield, face masks, gloves etc.) | |  |  | | | |
| **7** | Have the tools to be used listed such as scanners (fever temperature screening device). | |  |  | | | |
| **8** | Scanners specification  NB! An appropriate device is the GUIDE T120H Fever Screening Thermal Camera. | |  |  | | | |
| **9** | Does transportation for employees to site in accordance with COVID-19 Government Regulations? Does the COVID-19 address how transportation of workers will be? | |  |  | | | |
| **10** | Has the manager been appointed to take care of the concerns on site and keep employees informed (Proof of appointment) | |  |  | | | |
| **11** | Is a Safety Officer designated in writing to monitor the implementation of Policy/ SWP? | |  |  | | | |
| **Baseline Risk Assessment (BRA)** | | | | | | | |
| **No.** | | **Item** | **Yes/No** | **Comments/Action Required** | | | |
| **12** | | Has the contractor received the client BRA? |  |  | | | |
| **13** | | Has the contractor submitted their BRA? |  |  | | | |
| **14** | | Does the contractor BRA address the COVID-19? |  | . | | | |
| **15** | | Is the contractor BRA sufficient? |  |  | | | |
| **16** | | Can the BRA be accepted by the client? |  |  | | | |
| **Health & Safety (H&S) Specification, Health & Safety Plan** | | | | | | | |
| **No** | **Item** | | **Yes/No** | **Comments/Action Required** | | | |
| **17** | Has the contractor being issued with revised H&S Specifications | |  |  | | | |
| **18** | Has the Contractor submitted the revised H&S Plan | |  |  | | | |
| **19** | Does the revised H&S Plan incorporate all the H&S Specifications elements including COVID-19? | |  |  | | | |
| **20** | Does the revised H&S Plan take in consideration the government COVID-19, Regulations, Directive and Guidelines? | |  |  | | | |
| **21** | Can the revised H&S Plan be approved by the Client? | |  |  | | | |
|  | | | **Emergency Preparedness and Response (EP&R)** | | | | | |
| **No** | | | **Item** | **Yes/No** | **Comments/Action Required** | | | |
| **22** | | | Is the EP&R submitted? |  |  | | | |
| **23** | | | Does it include all the critical issues such as identification of COVID-19 health facility (identified local quarantine area), emergency numbers, tools (scanners, shields etc.) |  |  |  |  |  |
| **24** | | | Are emergency numbers displayed in strategic areas?  **NB!:** Indication on how and where are the emergency numbers going to be displayed |  |  |  |  |  |
| **25** | | | Is EP&R sufficient and acceptable? |  |  |  |  |  |

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|  | **Waste Management** | | | | | |
| **No** | **Item** | **Yes/No** | **Comments/Action Required** | | | |
| **26** | Does the COVID-19 SWP address waste generation; separation and disposal of all waste considered infectious? |  |  | | | |
| **27** | Is a service provider appointed to dispose this waste? |  |  |  |  |  |