

COVID-19 Safety Procedure – Service Work Permit

A COVID-19 Work Permit is required to be completed **PRIOR** to entering a property or work area.

Project/ Location of Work:		Date:	
Description of Work		Start Time:	
Job Number:		Finish Time:	

If any of the questions below result in a "YES" answer, please call your Supervisor/Manager immediately and DO NOT UNDER ENTER SITE UNDER ANY CIRCUMSTANCES

#	Question	Yes / No
1	Are there any persons at the property that have been diagnosed with COVID-19?	
2	Are there any persons at the property that have arrived from overseas in the last 14 days?	
3	Are there any persons at the property that are in self-isolation?	
4	Are there any persons at the property that are unwell and are showing signs that are consistent with COVID-19 (fever, difficulty breathing, coughing, sore throat, cold or flu-like symptoms)?	
5	Are there any persons at the property that have been in contact with anyone who has tested positive to COVID-19?	

If YES is answered to any of the above questions, no employee is to enter this property or work area without prior approval from Management.

If NO was the answer to ALL of the questions above, the section below MUST BE COMPLETED to identify the specific controls put in place in accordance with our COVID-19 procedure.

Risk Control Measures – MUST BE AVAILABLE PRIOR TO ENTRY and used whilst in the Property or Work Area

Personal Protective Equipment				Personal Hygiene	Cleaning Products
P2 FACE MASK	DISPOSABLE GLOVES	DISPOSABLE BOOT COVERS	SAFETY GLASSES	HAND SANITISER	CHUX & SURFACE CLEANER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Acknowledgment of Service Work Permit:

I confirm that I acknowledge and understand all aspects of this permit and have thoroughly explained this COVID-19 procedure to any fellow employees that may be present whilst I/we are in the Property or Work Area. This permit can now be closed.

EMPLOYEE NAME: _____ **TIME:** _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____