



FORWOOD

COVID-19 (Coronavirus) Critical Control Checklists Manager Level



Forwood Jointly Develop COVID-19 Checklists with Global Mining Corporation

As the world continues to address the health concerns of COVID-19, governments and businesses are trying to manage the economic impacts. It is now more important than ever to establish effective business resilience for continuity of trade.

“During these unprecedented times of uncertainty it is imperative to protect the health of workers in industry. We have teamed up with one of our global mining customers to apply the best practices of critical control management to the coronavirus risk” said Steve Wood, CEO, Forwood.

We have established a task force to help manage COVID-19 in accordance with guidance & directives from industry bodies, governments and health authorities. The new COVID-19 checklists have been designed with industrial application in mind. These checklists have been validated ‘on the shop floor’ across more than 250 sites around the world, with compliance trends showing a steady improvement in critical control effectiveness within 2 weeks.

Following this positive response, we have decided to make our COVID-19 focused critical risk management package available free of charge to all companies. Throughout the COVID-19 pandemic Forwood believes it is important to provide resources now and for as long as needed. We want every organization to be able to fast track their response and implement an effective coronavirus program in accordance with guidance & directives from industry bodies, governments and health authorities. If your organization wishes to deploy these checklists at scale via the desktop or smart device app, please contact us on the details below to get started.

The PDF checklists (Manager, Supervisor and Operator) can freely be distributed with reference to Forwood Safety as the author of the work.

Note: These checklists are being updated regularly so please check the web link below to keep up to date with any changes.

<https://forwoodsafety.com/covid-19-coronavirus/>

Founded in 1995, Forwood Safety is a world leader in fatality prevention for high-risk industries. The company offers a range of products to eliminate and totally eradicate fatalities from the workplace so all employees and contractors can return home safe each day.

For more information, please contact:

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Critical Risk: COVID-19 (Coronavirus)

Critical Control: Screening



Manager Verification

Task: _____
 Location: _____
 Site: _____

Name: _____
 Date: _____
 Time: _____



Critical Risk: COVID-19 (Coronavirus)
 Critical Control: Screening

Design	Compliance	Comments / Action Plan
<p>D 1.1 Is there a screening program in place? Note: The screening program is multi-layered. Sites program may include a combination of screening techniques, including:</p> <ul style="list-style-type: none"> • Survey (Questionnaire) screening and • Temperature screening and/ or • Point of care serology (Antibody screening) and/or • Point of care PCR (nasal & throath swab). 	<div style="display: flex; gap: 10px;"> <div style="border: 1px solid green; padding: 2px 5px;">Yes</div> <div style="border: 1px solid red; padding: 2px 5px;">No</div> <div style="border: 1px solid yellow; padding: 2px 5px;">N/A</div> </div>	
<p><i>D 2.1 Verify there is a site program in place and that it specifically covers the COVID-19 screening requirements for relevant personnel.</i></p>		
<p><i>Review: The screening program is multi-layered. Sites program may include a combination of screening techniques, including:</i></p> <ul style="list-style-type: none"> • Survey (Questionnaire) screening and • Temperature screening and/ or • Point of care serology (Antibody screening) and/or • Point of care PCR (nasal & throat swab). 		
<p>D 1.2 Has the screening program been risk assessed for your site? Note: Risk assessments should consider transmission cases and exposure routes.</p>	<div style="display: flex; gap: 10px;"> <div style="border: 1px solid green; padding: 2px 5px;">Yes</div> <div style="border: 1px solid red; padding: 2px 5px;">No</div> <div style="border: 1px solid yellow; padding: 2px 5px;">N/A</div> </div>	
<p><i>D 2.2 Check that a Risk Assessment for the screening program has been conducted.</i></p> <p><i>View the results of the assessment and ensure it is adequate and considers transmission cases and exposure routes at a minimum.</i></p>		
<p>D 1.3 Are there guidelines in place for screening?</p>	<div style="display: flex; gap: 10px;"> <div style="border: 1px solid green; padding: 2px 5px;">Yes</div> <div style="border: 1px solid red; padding: 2px 5px;">No</div> <div style="border: 1px solid yellow; padding: 2px 5px;">N/A</div> </div>	
<p><i>D 2.3 Verify there is a site standard (policy, procedure, protocol or instruction) in place and that it specifically covers the COVID-19 screening requirements for relevant personnel.</i></p> <p><i>Ensure detailed guidelines have been provided for relevant personnel and facilities.</i></p>		
<p>D 1.4 Do the guidelines include regional legislative requirements? Note: Guidelines will be different across Product Groups and regions. These must be met as part of the screening program implemented.</p>	<div style="display: flex; gap: 10px;"> <div style="border: 1px solid green; padding: 2px 5px;">Yes</div> <div style="border: 1px solid red; padding: 2px 5px;">No</div> <div style="border: 1px solid yellow; padding: 2px 5px;">N/A</div> </div>	
<p><i>D 2.4 Verify there is a site standard (policy, procedure, protocol or instruction) in place and that it specifically covers the regional legislative requirements to be followed throughout the screening process.</i></p>		

Manager Verification

Task: _____
Location: _____
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Name: _____
Date: _____
Time: _____



Critical Risk: COVID-19 (Coronavirus)
Critical Control: Screening

D 1.5 Is there a process in place to update guidelines to reflect any required changes?
Note: A MOC process is necessary to ensure any updates (legislative, company-based, symptoms or required responses) is well managed.

Yes	No	N/A
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D 2.5 Verify there is a site standard process of Change Management in place that captures and applies to the screening process, all updates and changes to the legislative requirements.

D 1.6 Do the guidelines include requirements to ensure the privacy of personnel?

D 2.6 Verify the guidelines for the "Screening Program" specifically cover the requirements for privacy protection. Ensure there are clear and detailed protocol or instruction in place to preserve and protect the privacy of personnel.

Yes	No	N/A
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D 1.7 Do the guidelines include a quality assurance process?

Note: Quality Assurance ensures that person performing the screening is in compliance with clinical procedures including privacy and data management and COVID-19 controls such as physical/social distancing and cleaning and disinfection. Quality Assurance is oriented to the quality of the service.

Yes	No	N/A
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D 2.7 Verify there is a site standard (policy, procedure, protocol or instruction) in place and that it specifically covers compliance with clinical procedures including privacy and data management and COVID-19 controls such as physical/social distancing, cleaning, and disinfection.

D 1.8 Do the guidelines and/or clinical procedures include a quality control process?

Note: Quality Control ensures that the samples are being tested to standard specifications. Quality Control is oriented to the quality of the product.

Yes	No	N/A
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D 2.8 Verify that the site standard and clinical procedures includes a quality control process to ensure that samples are tested to standard specifications. Review the testing guidelines and standard specifications issued by the local health authorities and ensure they are applied correctly.

Manager Verification

Task: _____
 Location: _____
 Site: _____

Name: _____
 Date: _____
 Time: _____



Critical Risk: COVID-19 (Coronavirus) Critical Control: Screening

D 1.9 Do the guidelines include a management plan in the event of a non-negative result?
 Note: This plan should include response plans, communication, case management, contact tracing, isolation etc.

D 2.9 Check a "Management Plan" for non-negative results has been developed and is included in the guidelines.

Check that the "Management Plan":

- details what to do if an employee, a meeting participant, staff member or service provider tests positive for COVID-19.
- identifies an area where non-negative person(s) can be safely isolated.
- allows for safe transfer of people to a designated facility.
- includes a communication protocol to inform others at the workplace.
- considers how to identify (contact tracing) and support persons who may be at risk. This could include persons who have recently travelled with the infected person, people who have been working with the infected person, or other personnel who have conditions that put them at higher risk of serious illness (e.g. people with diabetes, heart and lung disease, older age).

Yes	No	N/A
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Implementation	Compliance	Comments / Action Plan
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I 1.1 Are personnel aware of the site's screening program?
 Note: All personnel including contractors should be aware of their accountabilities with regards to the relevant screening program.

Yes	No	N/A
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I 2.1 Conduct a physical check (random sampling) of workplace to ensure personnel are aware of their accountabilities with regards to the COVID-19 screening program.
 Note: Ensure the sample size is adequate for the number of people on site.

Yes	No	N/A
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I 1.2 During screening, are the primary controls of transmission reduction in place?
 I 2.2 Verify there is a site standard (policy, procedure, protocol or instruction) in place which specifically cover transmission reduction requirements during screening. These include Social Distancing, Hand Hygiene, Reduced touch points, Surface Cleaning and PPE.

Yes	No	N/A
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I 1.3 Has quality assurance been conducted on the screening program?
 Note: Evidence may include but is not limited to inspections, verifications, audits against the process / guideline.

I 2.3 Document Check:

- review management reports
- review verification results
- review field audit results

Field Check:

- review screening facility inspection log book.

Manager Verification

Task: _____

Name: _____

Location: _____

Date: _____

Site: _____

Time: _____



Critical Risk: COVID-19 (Coronavirus)
Critical Control: Screening

I 1.4 Has quality control been conducted on the screening program?

Note: Evidence may include but is not limited to test results of the POC (Point of Care) screening kits against a recognised standard.

Yes	No	N/A
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I 2.4 Document Check:

- review quality control procedure documentation and ensure they include recognized and up-to-date standards for benchmarking.

Field Check:

- review screening process quality inspection forms and verify that the test results are evaluated against the standards.

Training / Competency

Compliance

Comments / Action Plan

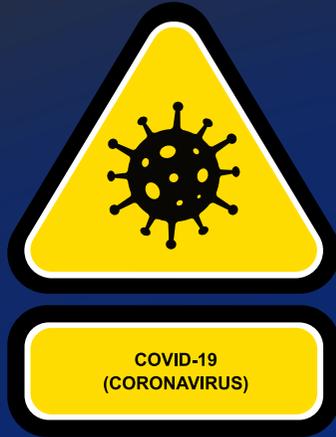
T 1.1 Are the personnel conducting the screening trained and competent?

Note: This may include specific COVID infection training and medical profession qualifications.

Yes	No	N/A
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T 2.1 Ask a sample of screening personnel if they have the medical qualifications or have been trained on how to perform the testing and if they feel competent to do so.

Note: Ensure the sample size is adequate for the number of personnel working at the testing facility.



Critical Risk: COVID-19 (Coronavirus)

Critical Control: Social / Physical Distancing and Separation



Manager Verification

Task: _____
Location: _____
Site: _____

Name: _____
Date: _____
Time: _____



Critical Risk: COVID-19 (Coronavirus)
Critical Control: Social / Physical Distancing and Separation

Design	Compliance	Comments / Action Plan			
<p>D 1.1 Are there guidelines to provide and clarify the PPE expectations to prevent the spread of COVID-19?</p>					
<p>D 2.1 Verify there is a site standard (policy, procedure, protocol or instruction) in place and that it specifically covers the PPE expectations to prevent the spread COVID-19.</p> <p>Ensure the site standard contains the following elements as a minimum:</p> <ul style="list-style-type: none">- general awareness of COVID-19.- educational posters and notifications describing the companies preventative measures.- adequate supply of Personal Protective Equipment (masks, gloves, etc.).	<table border="1"><tr><td>Yes</td><td>No</td><td>N/A</td></tr></table>	Yes	No	N/A	
Yes	No	N/A			
<p>D 1.2 Are there guidelines to support social / physical distancing in mobile equipment and vehicles, common use areas such as kitchens, bathrooms, etc.?</p>					
<p>D 2.2 Verify there is a site standard (policy, procedure, protocol or instruction) in place which specifically states the social / physical distancing requirements in mobile equipment and vehicles, common use areas such as kitchens, bathrooms, etc.</p> <p>For example; does the site standard (policy, procedure or protocol) clearly state people should maintain a physical separation distance of at least 1.5 m (5 ft), ideally 2 m (6.5 ft).</p>	<table border="1"><tr><td>Yes</td><td>No</td><td>N/A</td></tr></table>	Yes	No	N/A	
Yes	No	N/A			
Implementation	Compliance	Comments / Action Plan			
<p>I 1.1 Are personnel able to work (including meal breaks) and maintain social / physical distance guidelines?</p>					
<p>I 2.1 Conduct a physical check (random sampling) of workplace to ensure social / physical distancing requirements are being followed and maintained.</p> <p>Note: Ensure the sample size is adequate for the number of people and the level risk in your work area.</p>	<table border="1"><tr><td>Yes</td><td>No</td><td>N/A</td></tr></table>	Yes	No	N/A	
Yes	No	N/A			
<p>I 1.2 Do personnel have access to appropriate PPE such as face masks where maintaining social / distance guidelines is not possible?</p>					
<p>I 2.2 Conduct a physical check (random sampling) of workplace to ensure personnel have access to face masks, gloves and other appropriate PPE.</p> <p>Note: Ensure the sample size is adequate for the number of people and the level risk in your work area.</p>	<table border="1"><tr><td>Yes</td><td>No</td><td>N/A</td></tr></table>	Yes	No	N/A	
Yes	No	N/A			

Manager Verification

Task: _____

Name: _____

Location: _____

Date: _____

Site: _____

Time: _____



Critical Risk: COVID-19 (Coronavirus)
Critical Control: Social / Physical Distancing and Separation

I 1.3 Are personnel wearing appropriate PPE such as face masks where maintaining social / distance guidelines is not possible?

I 2.3 Conduct a physical check (random sampling) of workplace to ensure personnel are wearing appropriate PPE.

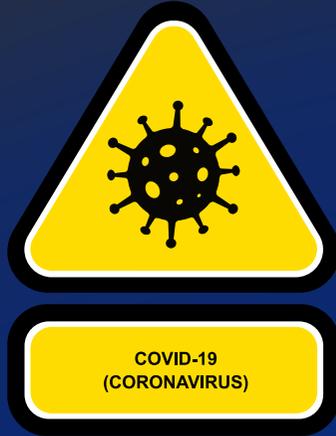
Note: Ensure the sample size is adequate for the number of people and the level risk in your work area.

Yes

No

N/A





Critical Risk: COVID-19 (Coronavirus)

Critical Control: Hand Hygiene



Manager Verification

Task: _____
 Location: _____
 Site: _____

Name: _____
 Date: _____
 Time: _____



Critical Risk: COVID-19 (Coronavirus)
 Critical Control: Hand Hygiene

Design	Compliance	Comments / Action Plan
D 1.1 Are there guidelines to support hand hygiene?		
<p><i>D 2.1 Verify there is a site standard (policy, procedure, protocol or instruction) in place and that it specifically covers the hand hygiene requirements for COVID-19.</i></p> <p><i>Ensure expectations for hand hygiene have been defined for different roles and facilities, equipment provided and replenished, work processes considered.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Implementation	Compliance	Comments / Action Plan
I 1.1 Are personnel aware of hand hygiene guidelines?		
<p><i>I 2.1 Conduct a physical check (random sampling) of workplace to ensure personnel are cleaning their hands on entry to and exit from common areas like kitchens, meal rooms and bathrooms as well as before food preparation.</i></p> <p><i>Note: Ensure the sample size is adequate for the number of people and the level risk in your work area.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I 1.2 Are hand hygiene guidelines displayed in prominent locations?		
<p><i>I 2.2 Verify that:</i></p> <ul style="list-style-type: none"> <i>- educational posters on hand hygiene are displayed throughout the workplace.</i> <i>- posters showing the key steps to effectively washing your hands are displayed at all hand washing facilities.</i> <i>- brochures providing guidance is offered by occupational health and safety officers.</i> <i>- health briefings / information are provided at employee meetings and on the company network.</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I 1.3 Are personnel following hand hygiene guidelines?		
<p><i>I 2.3 Conduct a physical check (random sampling) of workplace to ensure personnel are washing their hands regularly and thoroughly for 20-30 seconds and / or rubbing hand sanitizer on hands for 20-30 seconds at appropriate times in the workplace.</i></p> <p><i>Note: Ensure the sample size is adequate for the number of people and the level risk in your work area.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Manager Verification

Task: _____

Name: _____

Location: _____

Date: _____

Site: _____

Time: _____



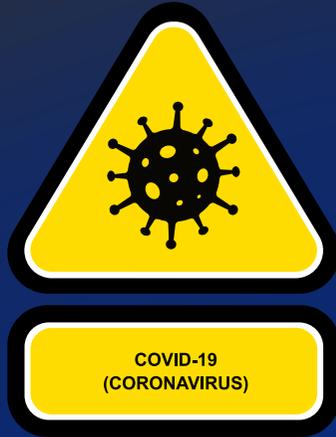
Critical Risk: COVID-19 (Coronavirus)
Critical Control: Hand Hygiene

I 1.4 Are personnel applying hand hygiene practices such as use of appropriate PPE to reduce contact with surfaces?

I 2.4 Conduct a physical check (random sampling) of workplace to ensure personnel are applying hand hygiene practices such as use of appropriate PPE to reduce contact with surfaces in appropriate areas of the workplace.

 Yes No N/A

Note: Ensure the sample size is adequate for the number of people and the level risk in your work area.



Critical Risk: COVID-19 (Coronavirus)

Critical Control: Early Identification & Containment



Manager Verification

Task: _____
 Location: _____
 Site: _____

Name: _____
 Date: _____
 Time: _____



Critical Risk: COVID-19 (Coronavirus)
 Critical Control: Early Identification & Containment

Design	Compliance	Comments / Action Plan
<p>D 1.1 Is there COVID-19 screening guidance in place for relevant personnel?</p> <p><i>D 2.1 Verify there is a site standard (policy, procedure, protocol or instruction) in place and that it specifically covers the COVID-19 screening requirements for relevant personnel.</i></p> <p><i>Ensure detailed guidelines have been provided for relevant personnel and facilities.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>D 1.2 Are there guidelines (including a designated facility) to manage personnel who exhibit signs and symptoms of COVID-19 on site? i.e. assess, treat, isolate, support (includes provision of services if isolated in a camp setting).</p> <p><i>D 2.2 Check a "response plan" has been developed in case someone becomes ill with symptoms of COVID-19 (cough, fever, malaise).</i></p> <p><i>Check that the plan:</i></p> <ul style="list-style-type: none"> - identifies a room or area where someone who is feeling unwell or has symptoms can be safely isolated. - allows for safe transfer of ill people to a designated facility. - details what to do if an employee, a meeting participant, staff member or service provider tests positive for COVID-19 during or just after a meeting or after being in contact with others at the workplace. - considers how to identify and support persons who may be at risk. This could include persons who have recently traveled with the infected person, people who have been working with the infected person, or other personnel who have conditions that put them at higher risk of serious illness (e.g. people with diabetes, heart and lung disease, older age). 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>D 1.3 Are there guidelines to clean equipment and facilities in response to a potential contamination by a person who exhibits signs and symptoms?</p> <p><i>D 2.3 Check there is a site standard (policy, procedure, protocol or instruction) in place covering the cleaning and sanitization requirements of areas where a potentially infected individual (or someone who is COVID-19 positive) has contaminated an area or piece of equipment e.g. the vehicle the person was driving, the room where the person was staying.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	

Implementation	Compliance	Comments / Action Plan
<p>I 1.1 Are there guidelines to ensure personnel know what to do when they feel unwell?</p> <p><i>I 2.1 Check there is a site standard (policy, procedure, protocol or instruction) in place that details what people should do if they suspect they may have the COVID-19 virus.</i></p> <p><i>Conduct a random sample of checks in the workplace and ask people if they are aware of the steps they need to take in the event they suspect they may have the COVID-19 virus. Ensure the sample size is adequate for the number of people in your work area.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	

Manager Verification

Task: _____

Name: _____

Location: _____

Date: _____

Site: _____

Time: _____



Critical Risk: COVID-19 (Coronavirus)
Critical Control: Early Identification & Containment

Training / Competency

Compliance

Comments / Action Plan

T 1.1 Have team members who deal with personnel who exhibit signs and symptoms been trained and deemed competent?

T 2.1 Ask a sample of people if they have been trained on how to manage people who are suspected of having COVID-19 or people who are actually COVID-19 positive.

Ask a sample of people if they feel competent to deal with COVID-19 risk in their area of work e.g. medical, cleaning, etc.

Note: Ensure the sample size is adequate for the number of people and the level of risk in your work area.

Yes	No	N/A
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T 1.2 Have personnel who clean equipment and facilities in response to COVID-19 been trained?

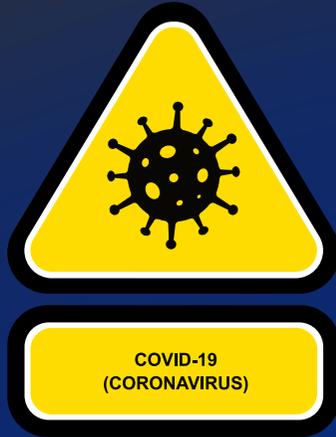
T 2.2 Ask a sample of people if they have been trained on how to thoroughly and effectively clean and sanitize equipment and facilities in regards to the Coronavirus.

Ask a sample of people if they know how long the Coronavirus can survive on different surfaces.

Ask a sample of people if they feel competent to respond to all COVID-19 cleaning situations.

Note: Ensure the sample size is adequate for the number of people and the level risk in your work area.

Yes	No	N/A
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Critical Risk: COVID-19 (Coronavirus)

Critical Control: Mobile Equipment and Vehicles Management (other than buses)



Manager Verification

Task: _____

Name: _____

Location: _____

Date: _____

Site: _____

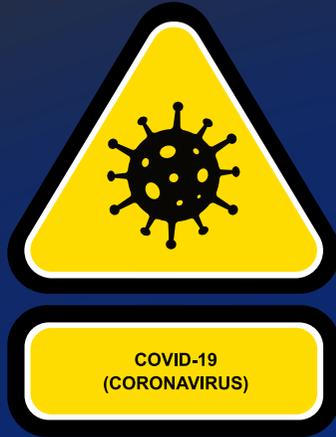
Time: _____



Critical Risk: COVID-19 (Coronavirus)

Critical Control: Mobile Equipment and Vehicles Management (other than buses)

Design	Compliance	Comments / Action Plan
D 1.1 Have resource plans been reviewed to consider the social / physical distance requirements such as number of vehicles, time for cleaning, meal facilities, etc.? <i>D 2.1 Check resource plans take into account the number of vehicles, time for cleaning, meal facilities capacity and seating requirements.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D 1.2 Are there guidelines to ensure that personnel maintain social / physical distancing in mobile equipment and vehicles? <i>D 2.2 Check planning takes into account the number of vehicles and time for cleaning.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Implementation	Compliance	Comments / Action Plan
I 1.1 Are personnel implementing mobile equipment and vehicle social / physical distancing guidelines? <i>I 2.1 Check one person for a 2-seater, single cabin vehicle and for vehicles with more than one row of seats, there should only be one person per row, with staggered offset like a chess board.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Critical Risk: COVID-19 (Coronavirus)

Critical Control: Cleaning of Mobile Equipment and Vehicles



Manager Verification

Task: _____

Name: _____

Location: _____

Date: _____

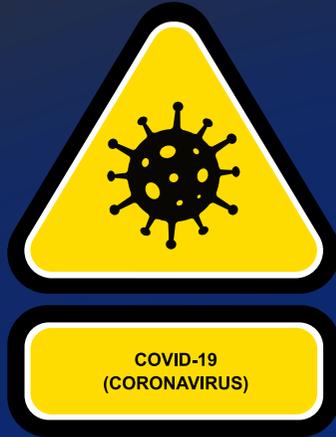
Site: _____

Time: _____



Critical Risk: COVID-19 (Coronavirus)
Critical Control: Cleaning of Mobile Equipment and Vehicles

Implementation	Compliance	Comments / Action Plan
I 1.1 Are there guidelines for cleaning mobile equipment and vehicles available to personnel? <i>I 2.1 Check a copy of the cleaning guidelines are inside each piece of mobile equipment and in each light vehicle.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I 1.2 Are mobile equipment and vehicles being cleaned as per the cleaning guidelines? <i>I 2.2 Conduct a physical check (random sampling) of equipment / vehicles in the workplace to ensure they are being cleaned as per the cleaning guidelines.</i> <i>Note: Ensure the sample size is adequate for the number of people and the level of risk in your work area.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I 1.3 Are personnel cleaning the mobile equipment and vehicles before and / or after use? <i>I 2.3 Conduct a physical check (random sampling) of equipment / vehicles in the workplace to ensure that they are being cleaned before and after use.</i> <i>Note: Ensure the sample size is adequate for the number of people and the level of risk in your work area.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Critical Risk: COVID-19 (Coronavirus)

Critical Control: Management of On-site Common Use Areas



Manager Verification

Task: _____
 Location: _____
 Site: _____

Name: _____
 Date: _____
 Time: _____



Critical Risk: COVID-19 (Coronavirus)
 Critical Control: Management of On-site Common Use Areas

Design	Compliance	Comments / Action Plan
<p>D 1.1 Has the cleaning regime been reviewed and amended to reflect COVID-19 transmission reduction measures?</p> <p><i>D 2.1 Verify the cleaning "protocol" and "instructions" have been amended to reflect COVID-19 transmission reduction measures.</i></p> <p><i>Ensure employees are aware of and follow the new and modified requirements.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>D 1.2 Are there guidelines to demarcate social / physical distance in place and maintained?</p> <p><i>D 2.2 Verify there is a site standard (policy, procedure, protocol or instruction) in place and that it specifically covers the demarcation for social / physical distancing. i.e. seating / table tagged out, "where to stand" tape on the ground, signage.</i></p> <p><i>Conduct a physical check (random sampling) of common use areas to ensure that demarcations are in place according to the procedures.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>D 1.3 Is there a guideline to define opening and closing times of the facilities?</p> <p><i>D 2.3 Verify there is a site standard (policy, procedure, protocol or instruction) in place and that it specifically covers opening and closing times of the common use areas. i.e. signs posted at each facility, communications (email, news bulletins, etc).</i></p> <p><i>Ensure employees are aware of and observe opening and closing times.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>D 1.4 Are there guidelines in place to support transmission reduction in meal rooms and kitchens?</p> <p><i>D 2.4 Verify there is a site standard (policy, procedure, protocol or instruction) in place which specifically covers transmission reduction requirements for meal rooms and kitchens i.e. single use cutlery, hot pot wash dishwasher cycles, individually wrapped food items, etc.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	

Implementation	Compliance	Comments / Action Plan
<p>I 1.1 Are cleaning products available and visible to personnel in common use areas such as kitchens, meal rooms and bathrooms?</p> <p><i>I 2.1 Conduct a physical check of kitchens, meal rooms and bathrooms to ensure cleaning products are available and clearly visible to personnel.</i></p> <p><i>Note: This will enable personnel to disinfect food preparation and eating areas (e.g. tables, counters) prior to use.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	

Manager Verification

Task: _____
Location: _____
Site: _____

Name: _____
Date: _____
Time: _____



Critical Risk: COVID-19 (Coronavirus) Critical Control: Management of On-site Common Use Areas

I 1.2 Are personnel cleaning hands on entry to and exit from common areas such as kitchens, meal rooms and bathrooms?

I 2.2 Conduct a physical check (random sampling) of common areas to ensure that personnel are cleaning their hands on entry and at exit i.e. washing hands regularly and thoroughly and / or rubbing hand sanitizer on hands for 20-30 seconds.

Yes	No	N/A
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Note: Ensure the sample size is adequate for the number of people and the level of risk in the work area.

I 1.3 Has the demarcation plan for social / physical distancing been implemented?

I 2.3 Conduct a physical check (random sampling) of common use areas to ensure that demarcations are in place according to the procedures i.e. seating / tables tagged out, "where to stand tape" on the ground, signage.

Yes	No	N/A
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I 1.4 Are personnel following social / physical distancing guidelines in common use areas?

I 2.4 Conduct a random sample of checks in common areas to ensure people are following the social / physical distancing requirements.

Yes	No	N/A
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I 1.5 Are personnel adhering to opening and closing times?

I 2.5 Conduct a random sample of checks in common areas entrance and exit to ensure people are adhering to opening and closing hours.

Yes	No	N/A
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I 1.6 Are personnel complying with the transmission reduction guidelines in meal rooms and kitchen?

I 2.6 Conduct a random sample of checks in meal rooms and kitchens to ensure that transmission reduction measures are implemented and personnel are following the guidelines i.e. single use cutlery and individually wrapped food are available and in used, hot pot wash dishwasher cycles are used by kitchen staff, etc.

Yes	No	N/A
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I 1.7 Are personnel cleaning food preparation and eating areas (i.e. tables, chairs and benches) prior to use?

I 2.7 Conduct a physical check (random sampling) of food preparation and eating areas to ensure that they are being cleaned before use.

Yes	No	N/A
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Note: Ensure the sample size is adequate for the number of people and the level of risk in the work area.

Manager Verification

Task: _____

Name: _____

Location: _____

Date: _____

Site: _____

Time: _____



Critical Risk: COVID-19 (Coronavirus)
Critical Control: Management of On-site Common Use Areas

I 1.8 Are personnel cleaning other common use areas such as bathrooms on a regular basis?

I 2.8 Conduct a physical check (random sampling) of bathrooms to ensure that they are being cleaned on a regular basis.

Yes	No	N/A
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Note: Ensure the sample size is adequate for the number of people and the level of risk in the work area.

Training / Competency

Compliance

Comments / Action Plan

T 1.1 Are cleaning personnel trained in COVID-19 transmission reduction measures?

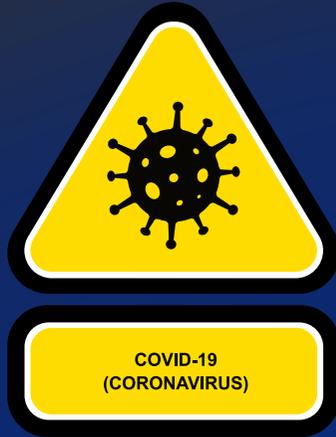
T 2.1 Ask a sample of people if they have been trained on transmission reduction measures for the Coronavirus.

Ask a sample of people if they know how long the Coronavirus can survive on different surfaces.

Yes	No	N/A
-----	----	-----

Ask a sample of people if they feel competent to respond to applicable COVID-19 situations.

Note: Ensure the sample size is adequate for the number of people and the level risk in the work area. Ensure that staff are informed through company network and at department team meetings about transmission reduction measures. Check that relevant procedures are communicated electronically.



Critical Risk: COVID-19 (Coronavirus)

Critical Control: Management of Canteens and Village Dining Rooms

Manager Verification

Task: _____
 Location: _____
 Site: _____

Name: _____
 Date: _____
 Time: _____



Critical Risk: COVID-19 (Coronavirus)
 Critical Control: Management of Canteens and Village Dining Rooms

Design	Compliance	Comments / Action Plan
<p>D 1.1 Are there hygiene and social / physical distancing guidelines available for the management of common use off site areas including canteens and village dining room?</p> <p><i>D 2.1 Verify there is a standard (policy, procedure, protocol or instruction) in place and that it specifically covers the hand hygiene requirements for COVID-19 at canteens and village dining rooms. Ensure expectations for hand hygiene have been defined for different roles and facilities, equipment provided and replenished, work processes considered.</i></p> <p><i>Verify that there is a site standard (policy, procedure, protocol or instruction) in place which specifically states the social / physical distancing requirements for canteens and village dining rooms. For example, does the site standard (policy, procedure, protocol or instruction) clearly state people should maintain a physical separation distance of at least 1.5 m (5 ft), ideally 2 m (6.5 ft).</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>D 1.2 Are there guidelines in place to support transmission reduction around food and beverage service?</p> <p><i>D 2.2 Verify there is a site standard (policy, procedure, protocol or instruction) in place which specifically covers transmission reduction requirements for canteens and village dining rooms i.e. self service where possible, single use cutlery, hot pot wash dishwasher cycles, individually wrapped food items, etc.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>D 1.3 Has the cleaning regime been reviewed and amended to reflect COVID-19 transmission reduction measures?</p> <p><i>D 2.3 Verify the cleaning "protocol" and "instructions" have been amended to reflect COVID-19 transmission reduction measures. Ensure employees are aware of and follow the new and modified requirements.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	

Implementation	Compliance	Comments / Action Plan
<p>I 1.1 Are cleaning products available and visible to personnel in common use areas?</p> <p><i>I 2.1 Conduct a physical check of kitchens, meal rooms and bathrooms to ensure cleaning products are available and clearly visible to personnel. Note: This will enable personnel to disinfect food preparation and eating areas (e.g. tables, counters) prior to use.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	

Manager Verification

Task: _____
Location: _____
Site: _____

Name: _____
Date: _____
Time: _____



Critical Risk: COVID-19 (Coronavirus)
Critical Control: Management of Canteens and Village Dining Rooms

I 1.2 Are personnel cleaning hands on entry to and exit from common areas such as canteens and village dining rooms?

I 2.2 Conduct a physical check (random sampling) of common areas to ensure that personnel are cleaning their hands on entry and at exit i.e. washing hands regularly and thoroughly and / or rubbing hand sanitizer on hands for 20-30 seconds.

Yes	No	N/A
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Note: Ensure the sample size is adequate for the number of people and the level of risk in your work area.

I 1.3 Are personnel limiting what they touch in common use areas such as canteens and village dining rooms?

I 2.3 Conduct a physical check (random sampling) of workplace to ensure personnel are applying hand hygiene practices (i.e. using gloves) and limiting what they touch (i.e. using single use cutlery and selecting individually wrapped items) to reduce contact with surfaces in canteens and village dining rooms.

Yes	No	N/A
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Note: Ensure the sample size is adequate for the number of people and the level of risk in your work area.

I 1.4 Are personnel following social/ physical distancing guidelines?

I 2.4 Conduct a random sample of checks in common areas to ensure people are following the social / physical distancing requirements.

Yes	No	N/A
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I 1.5 Is social / physical distancing demarcation in place and maintained?

I 2.5 Conduct a physical check (random sampling) of common use areas to ensure that demarcations are in place according to the procedures i.e. seating / tables tagged out, "where to stand tape" on the ground, signage, etc.

Yes	No	N/A
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I 1.6 Are opening and closing times clearly signposted in common areas?

I 2.6 Verify that opening and closing times for canteens and village dining rooms are clearly and prominently sign posted.

Yes	No	N/A
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I 1.7 Are personnel adhering to closure times of common areas?

I 2.7 Conduct a random sample of checks in common areas (entrance and exit) to ensure people are adhering to opening and closing hours.

Yes	No	N/A
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Manager Verification

Task: _____

Name: _____

Location: _____

Date: _____

Site: _____

Time: _____



Critical Risk: COVID-19 (Coronavirus)
Critical Control: Management of Canteens and Village Dining Rooms

Training / Competency

Compliance

Comments / Action Plan

T 1.1 Are cleaning personnel trained in COVID-19 transmission reduction measures?

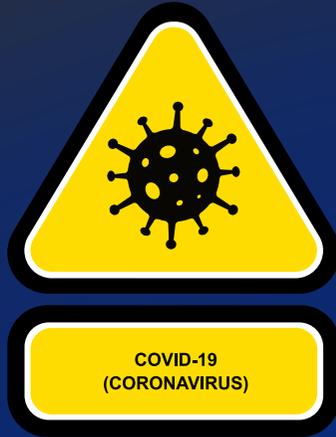
T 2.1 Ask a sample of people if they have been trained on transmission reduction measures for the Coronavirus.

Ask a sample of people if they know how long the Coronavirus can survive on different surfaces.

Ask a sample of people if they feel competent to respond to applicable COVID-19 situations.

Note: Ensure the sample size is adequate for the number of people and the level of risk in the work area. Ensure that staff are informed through company networks and at department team meetings about transmission reduction measures. Check that relevant procedures are communicated electronically.

Yes	No	N/A
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Critical Risk: COVID-19 (Coronavirus)

Critical Control: Travel Management - Aircraft



Manager Verification

Task: _____
 Location: _____
 Site: _____

Name: _____
 Date: _____
 Time: _____



Critical Risk: COVID-19 (Coronavirus)
 Critical Control: Travel Management - Aircraft

Design	Compliance	Comments / Action Plan
D 1.1 Are there guidelines to ensure personnel clean their hands on entry to and exit from airport facility? <i>D 2.1 Verify there is a site standard (policy, procedure, protocol or instruction) in place and that it specifically covers the hand hygiene requirements for COVID-19 at airport facilities.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D 1.2 Are there travel management guidelines to ensure personnel are following social / physical distancing guidelines and not mingling? <i>D 2.2 Verify there is a site standard (policy, procedure, protocol or instruction) in place and that it specifically covers the social / physical distancing to be followed at airport facilities.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D 1.3 Are personnel able to maintain social / physical distancing guidelines? <i>D 2.3 Check that the social / physical distancing requirements that need to be followed at airport facilities are practical and are able to be achieved.</i> <i>Conduct a random sample of checks at the airport and ensure people can practically meet the social / physical distancing requirements.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D 1.4 Where appropriate, has the facility's controls been reviewed and amended to reflect COVID-19 transmission reduction measures? <i>D 2.4 At appropriate intervals e.g. 1 or 3 months, check that all COVID-19 verifications done on the airport facility have been reviewed and any outstanding actions are addressed. Also ensure verification checklists are amended based on feedback and approval from Corporate.</i> <i>When conducting reviews ensure the cleaning regime, personnel contact, separation in waiting areas, etc., are all considered as part of the review.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Implementation	Compliance	Comments / Action Plan
I 1.1 Are cleaning products available and visible to personnel? <i>I 2.1 Conduct a physical check of the airport to ensure cleaning products are available and clearly visible to personnel.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Manager Verification

Task: _____
Location: _____
Site: _____

Name: _____
Date: _____
Time: _____



Critical Risk: COVID-19 (Coronavirus)
Critical Control: Travel Management - Aircraft

I 1.2 Are personnel cleaning hands properly on entry to and exit from airport facility?

I 2.2 Conduct a physical check (random sampling) of the airport facility to ensure personnel are cleaning their hands for 20-30 seconds on entry to and exit from the airport.

Yes	No	N/A
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Note: Ensure the sample size is adequate for the number of people using the airport facility.

I 1.3 Are personnel following social / physical distancing guidelines and not mingling?

I 2.3 Verify that the social / physical distancing requirements that need to be followed at airport facilities are being applied.

Yes	No	N/A
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Conduct a random sample of checks at the airport and ensure people are following the social / physical distancing requirements.

I 1.4 Are personnel following directions of airport staff in regards to COVID-19 requirements?

I 2.4 Verify through random checks at the airport that people are only sitting where directed (e.g. chessboard sitting) and they are limiting what they touch.

Yes	No	N/A
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Training / Competency

Compliance

Comments / Action Plan

T 1.1 Are airport personnel providing good instruction regarding social / physical distancing to personnel during embarking / disembarking?

T 2.1 Verify through random checks at the airport that airport staff are providing good instructions regarding social / physical distancing to personnel while embarking and / or disembarking
i.e. "where to stand" tape on the ground, signage, etc.

Yes	No	N/A
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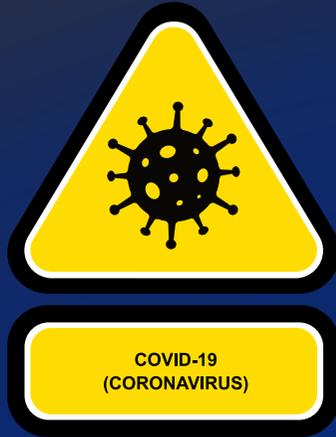
T 1.2 Are the airport personnel trained and competent to apply COVID-19 guidelines?

T 2.2 Ask a sample of airport personnel if they have been trained on how to use the COVID-19 guidelines.

Ask a sample of people if they feel competent to apply all COVID-19 guidelines.

Yes	No	N/A
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Note: Ensure the sample size is adequate for the number of personnel working at the airport facility.



Critical Risk: COVID-19 (Coronavirus)

Critical Control: Travel Management - Bus



Manager Verification

Task: _____
 Location: _____
 Site: _____

Name: _____
 Date: _____
 Time: _____



Critical Risk: COVID-19 (Coronavirus)
 Critical Control: Travel Management - Bus

Design	Compliance	Comments / Action Plan
D 1.1 Are there guidelines to ensure personnel clean their hands on entry to and exit from bus? <i>D 2.1 Verify there is a site standard (policy, procedure, protocol or instruction) in place and that it specifically covers the hand hygiene requirements for COVID-19 at the bus boarding and disembarking areas.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D 1.2 Are there travel management guidelines to ensure personnel are following social distancing guidelines and not mingling? <i>D 2.2 Verify there is a site standard (policy, procedure, protocol or instruction) in place and that it specifically covers the social / physical distancing to be followed at the bus boarding and disembarking areas.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D 1.3 Where appropriate, has the facility's controls been reviewed and amended to reflect COVID-19 transmission reduction measures? <i>D 2.3 At appropriate intervals e.g. 1 or 3 months, check that all COVID-19 Verifications done at the bus boarding and disembarking areas have been reviewed and any outstanding actions are addressed. Also ensure Verification Checklists are amended based on feedback and approval from Corporate.</i> <i>When conducting reviews ensure the cleaning regime, personnel contact, separation in waiting areas, etc., are all considered as part of the review.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Implementation	Compliance	Comments / Action Plan
I 1.1 Are cleaning products available and visible to personnel? <i>I 2.1 Conduct a physical check of the bus boarding and disembarking areas to ensure cleaning products are available and clearly visible to personnel.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I 1.2 Are personnel following hand hygiene guidelines on entry to and exit from bus facility? <i>I 2.2 Conduct a physical check (random sampling) of the bus boarding and disembarking areas to ensure personnel are cleaning their hands for 20-30 seconds on entry to and exit from the bus.</i> <i>Note: Ensure the sample size is adequate for the number of people using the bus.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Manager Verification

Task: _____
 Location: _____
 Site: _____

Name: _____
 Date: _____
 Time: _____



Critical Risk: COVID-19 (Coronavirus)
 Critical Control: Travel Management - Bus

I 1.3 Are personnel following social / physical distancing guidelines and not mingling?

I 2.3 Verify that the social / physical distancing requirements that need to be followed at bus boarding and disembarking areas are being applied.

Yes	No	N/A
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Conduct a random sample of checks at the bus boarding and disembarking areas and ensure people are following the social / physical distancing requirements.

I 1.4 Are personnel following the directions of the bus driver?

I 2.4 Verify through random checks at the bus boarding and disembarking areas that people are following the directions of the bus driver i.e. giving names to bus driver for manifest, sitting only where directed (e.g. chessboard seating, seats tagged out) and limiting what they touch.

Yes	No	N/A
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I 1.5 Are drivers cleaning their vehicle after each run?

I 2.5 Verify through random checks at the bus boarding and disembarking areas that the bus driver is cleaning the bus to the appropriate guidelines after each bus run.

Yes	No	N/A
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Training / Competency

Compliance

Comments / Action Plan

T 1.1 Are bus personnel providing good instruction regarding social / physical distancing to personnel during embarking / disembarking?

T 2.1 Verify through random checks at the bus boarding and disembarking areas that bus staff are providing good instructions regarding social / physical distancing to personnel while embarking and or disembarking i.e. "where to stand" tape on the ground, signage, etc.

Yes	No	N/A
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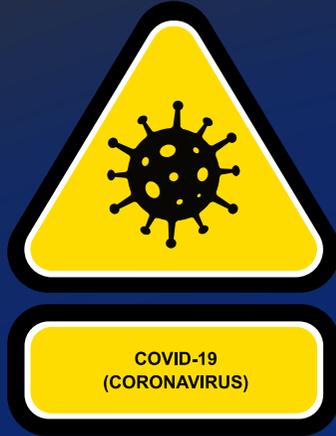
T 1.2 Are the bus personnel trained and competent to apply COVID-19 procedure i.e. cleaning after each run?

T 2.2 Ask a sample of bus personnel if they have been trained on how to use the COVID-19 guidelines for cleaning the bus after each run.

Yes	No	N/A
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Ask a sample of people if they feel competent to apply all COVID-19 guidelines.

Note: Ensure the sample size is adequate for the number of personnel working at the bus boarding and disembarking areas.



Critical Risk: COVID-19 (Coronavirus)

Critical Control: Community Impact Management



Manager Verification

Task: _____

Name: _____

Location: _____

Date: _____

Site: _____

Time: _____



Critical Risk: COVID-19 (Coronavirus)
Critical Control: Community Impact Management

Design	Compliance	Comments / Action Plan
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D 1.1 Is an appropriate response plan under implementation?

D 2.1 Check a "Community Response Plan" has been developed or is under development.

Check that the Community Response Plan:

- identifies the lockdown requirements for the town / area and provides details on each stage of the lockdown requirements.
- details social distancing and interaction avoidance with at-risk local communities and vulnerable people.
- details potential impacts to local employment and businesses and outlines strategies to manage these impacts.
- enables effective communications with local government and stakeholders.
- provides support to local health facilities.

Yes	No	N/A
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Implementation	Compliance	Comments / Action Plan
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I 1.1 Have senior leadership conducted a COVID-19 community risk assessment on affected surrounding towns and communities?

I 2.1 Check a Community Risk Assessment has been conducted.

View the results of the assessment and ensure it is adequate for the level of community risk.

Yes	No	N/A
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Critical Risk: COVID-19 (Coronavirus)

Critical Control: Marine



Manager Verification

Task: _____
 Location: _____
 Site: _____

Name: _____
 Date: _____
 Time: _____



Critical Risk: COVID-19 (Coronavirus)
 Critical Control: Marine

Design	Compliance	Comments / Action Plan
D 1.1 Are there COVID-19 guidelines to ensure the safety of ship crew and personnel? <i>D 2.1 Verify a COVID-19 site standard or guideline exists to ensure the safety of ship crew and personnel and it contains the following elements as a minimum:</i> - general awareness of COVID-19 - educational posters and notifications describing the companies preventative measures. - regular sanitisation of workstations and equipment. - adequate supply of Personal Protective Equipment (masks, gloves, etc.). - social distancing and separation - general requirements on hygiene & hand sanitisation. - good respiratory hygiene in the workplace. - managing meetings, events and gatherings. - travel guidelines including places to avoid and safe travel routes. - internal and external communication (closures, health advisories, etc.).	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Implementation	Compliance	Comments / Action Plan
I 1.1 Has confirmation of no (zero) positive COVID 19 cases on board the ship been received? <i>I 2.1 Ensure that testing protocols have been followed and confirm that there are zero positive COVID-19 cases aboard the ship.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I 1.2 Is all documentation to and from the ship being managed to reduce contact with the crew? <i>I 2.2 Conduct a survey of the shipping documentation exchange process to ensure it follows protocols to minimize personal contact. i.e. automated electronic document exchange.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I 1.3 Are all controls in place to segregate personnel from ship crew? <i>I 2.3 Verify that personnel and ship crew are segregated. i.e. guidelines are displayed, segregation and work delineation is in place.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I 1.4 Are personnel following social / physical distancing guidelines and not mingling? <i>I 2.4 Verify there is a site standard (policy, procedure, protocol or instruction) in place and that it specifically covers the social / physical distancing to be followed. i.e. during the draft, the unloading, loading, walking always where directed, minimizing time in accommodation block.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

Manager Verification

Task: _____

Name: _____

Location: _____

Date: _____

Site: _____

Time: _____



Critical Risk: COVID-19 (Coronavirus)
Critical Control: Marine

I 1.5 Are ship crew following instruction regarding social / physical distancing to personnel during embarking/ disembarking/ working on the ship?

Yes	No	N/A
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I 2.5 Verify through random checks at the dock that ship crew are following instructions regarding social / physical distancing to personnel while embarking and / or disembarking. i.e. stay inside the ship except for the draft, crew change, trim.

I 1.6 Are all services to the ship being managed to reduce contact with crew?

Yes	No	N/A
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I 2.6 Verify through random checks that all services to the ship are being managed to minimise personnel contact with the ship crew. e.g. delivery of goods and recovery of waste, delivery of bunker, bill of lading.

Training / Competency

Compliance

Comments / Action Plan

T 1.1 Are personnel and ship crew trained and competent to apply COVID-19 guidelines?

T 2.1 Ask a sample of personnel and ship crew if they have been trained on transmission reduction measures for the Coronavirus.

Yes	No	N/A
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Ask a sample of personnel and ship crew if they know how long the Coronavirus can survive on different surfaces.

Ask a sample of personnel and ship crew if they feel competent to respond to applicable COVID-19 situations.

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