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| **COVID-19 Re-Induction Form**  **Protection Framework** | | | | |
| Details: | | | | |
| Name: | | Date: | | |
| Employee | Contractor | Application Completed: Yes / No | | |
| Company: | | Phone: | | |
| Purpose of Visit: | | | | |
| Induction Topic: | | | Inductor initials | Inductee Initials |
| Covid-19 Health | *Symptoms of Covid-19.*  *Getting and test and staying home when sick.*  *Contact details for Healthline.*  *Preventing the spread – safe handwashing, distancing, and use of face coverings.*  *Vaccination information.* | |  |  |
| Risk Assessment | *Protection framework risk assessments.*  *Traffic light requirements – 3 levels.*  *Vaccination requirements (i.e., any role-based risk assessments, mandates, use of vaccination certificates).*  *Restrictions on onsite capacity.*  *Compliance with controls.*  *PPE requirements.* | |  |  |
| Worksite Procedures | *Wash hands when entering and exiting the site and frequently during the day.*  *Avoid physical contact.*  *Adhere to distancing requirements.*  *Conflict resolution with customers.*  *PPE – use of face coverings.*  *Reporting of COVID-19 incident or exposure event.* | |  |  |
| Hygiene | *Wash hair, body and clothes every day.*  *Wash hands thoroughly after using the bathroom and before/after eating.*  *Turn away from people and cover nose and mouth (with arm) when coughing or sneezing.*  *Avoid touching your face.* | |  |  |
| Cleaning | *Covid-19 Cleaning Checklist.*  *Compliance with controls.* | |  |  |
| Shared Facilities | *Procedures in place for distancing.*  *Cleaning and hygiene requirements.* | |  |  |
| Contact Tracing | *Use of QR code.*  *Manual contact trace register option.*  *Enabling Bluetooth.* | |  |  |