SAFETY INSPECTION CHECKLIST FOR INFECTIOUS DISEASE RISKS

Workplace:			Inspected By:			Date:			
Checklist		Compliance		e	Actions Required / Comments	Actions Required By (Responsible Person)		Date Required	
1.	Are autho Agencies, [being mon infectious di	Dept Health news media outlets) itor for any ew information on	Yes	□No	□ N/A				
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Checklist			omplianc	:e	Actions Required / Comments	Actions Required By (Responsible Person)	Date Required
8.	Are safe hygiene rules being implemented and followed?	Yes	□No	□ N/A			
9.	Are personnel uncommeetings by phone or online instead of operson verever possible?	Yes	□No	□ N/A			



SAMPLE

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Checklist			omplianc	:e	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 see?	Yes	□No	□ N/A						
19.	Are personnel aring the commended PPE (e.g. face mask, e.g. and face rotection, rotectio	L vos		□ N/^			_			
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20.	workplace after an outbreak or quarantine period?	☐ 1 <i>e</i> 3	шт							
Inspection Summary / Additional Comments										