

# COVID-19 Customer Form

<b>Customer</b>		
<b>Site</b>		
<b>Contact Name</b>		<b>Contact Number</b>
<b>Job Number</b>		
<b>Date:</b>		

**PASS / FAIL**

Item to Check	Answer(s)	Pass/Fail
To the best of your knowledge, are you or anyone else currently onsite, considered a vulnerable person?		<b>FAIL</b>
To the best of your knowledge is there anyone onsite currently displaying the following symptoms: i) Continuous dry cough ii) High temperature (Fever) iii) A loss or change to their sense of smell or taste		<b>FAIL</b>
Have you taken necessary precautions to protect those currently onsite from infection(i.e social distancing. access to sanitiser)		<b>PASS</b>
Have you informed our engineer as to your company policy and procedure concerning COVID-19?		<b>PASS</b>

Disclaimers/Acknowledgments	Accepted?
You acknowledge that you are happy for our engineer to continue work on your site.	
You acknowledge that the information entered above is accurate, to the best of your knowledge, and your company will adhere to precautions to protect us and others from infection.	

<b>Customer Name</b>
Customer Signature