

COVID-19 On-Site Form

Engineer Name :		
Date:		
Contact Name:		Contact Number
Customer:		
Job Number:		

Pass/Fail

Item to check	Answers(s)	Pass/Fail
Do you have any of the following symptoms? <ul style="list-style-type: none"> • Continuous dry cough. • High temperature (Fever) • A loss or change to your sense of smell or taste 		Pass
The customer has made me aware of their policies and precautions surrounding COVID-19 (i.e employee contact, locations of hand sanitisers/soap)		Fail
Will you be working in a crowded environment with multiple people present whilst onsite?		Pass

Disclaimers/Acknowledgments	Accepted?
I acknowledge that whilst on site it is my responsibility to employ social distancing where possible.	
It is my responsibility to wear PPE where possible/ supplied.(i.e fitted face mask, gloves)	
I acknowledge that: <ol style="list-style-type: none"> 1. I am not a vulnerable person. 2. that, to the best of my knowledge, I will not be in contact with a vulnerable person during this onsite visit. 	
I acknowledge that, based on the above answers I've supplied, I am happy to continue works on this site.	
I acknowledge that, by agreeing to continue work on this site, I will adhere to company and government precautions to protect myself and others from infection.	

x	

Engineer Signature