



Inspection - Health and Hygiene Checklist

Major Hazard_COVID 19 Key Control Checklist - Major Hazard_COVID 19 Key Control Checklist

Item #	Prompt	Responses	Comments
1	Operator /Employee Checklist	<input checked="" type="checkbox"/> (X) Yes <input type="checkbox"/> () No <input type="checkbox"/> () N/A	
2	Am I physically and mentally fit for work? No fever, coughing, sore throat and fatigue, anxiety?	<input type="checkbox"/> () Established <input type="checkbox"/> () Improvement Opportunity <input type="checkbox"/> () N/A	
3	Am I frequently cleaning my hands with alcohol-based hand sanitizer or washing my hands with soap and running water?	<input type="checkbox"/> () Established <input type="checkbox"/> () Improvement Opportunity <input type="checkbox"/> () N/A	
4	Am I aware that I need to cover coughs and sneezes inside my elbow or a tissue and put used tissues straight into the bin?	<input type="checkbox"/> () Established <input type="checkbox"/> () Improvement Opportunity <input type="checkbox"/> () N/A	
5	Am I making sure I avoid touching my eyes, nose and mouth?	<input type="checkbox"/> () Established <input type="checkbox"/> () Improvement Opportunity <input type="checkbox"/> () N/A	
6	Am I aware that I need to report to the hospital and isolate myself / stay at home if I am feeling sick?	<input type="checkbox"/> () Established <input type="checkbox"/> () Improvement Opportunity <input type="checkbox"/> () N/A	
7	Am I exercising, drinking water and getting plenty of sleep?	<input type="checkbox"/> () Established <input type="checkbox"/> () Improvement Opportunity <input type="checkbox"/> () N/A	
8	Am I maintaining social distancing, where possible, of 1.5 metres?	<input type="checkbox"/> () Established <input type="checkbox"/> () Improvement Opportunity <input type="checkbox"/> () N/A	
9	Am I cleaning and disinfecting regularly used items through the day, e.g. bench tops, desks, doorknobs, etc?	<input type="checkbox"/> () Established <input type="checkbox"/> () Improvement Opportunity <input type="checkbox"/> () N/A	
10	Am I using the correct PPE, disinfectant chemicals and materials to prevent / reduce the spread of COVID-19 at the workplace and accommodation?	<input type="checkbox"/> () Established <input type="checkbox"/> () Improvement Opportunity <input type="checkbox"/> () N/A	
11	Supervisor /Superintendent Checklist	<input checked="" type="checkbox"/> (X) Yes <input type="checkbox"/> () No <input type="checkbox"/> () N/A	
12	Are all personnel physically and mentally fit for work? No fever, coughing, sore throat and fatigue, anxiety?	<input type="checkbox"/> () Established <input type="checkbox"/> () Improvement Opportunity <input type="checkbox"/> () N/A	
13	Are all personnel following best hygiene practice and fully aware of the symptoms and risks associated with the spread of COVID-19?	<input type="checkbox"/> () Established <input type="checkbox"/> () Improvement Opportunity <input type="checkbox"/> () N/A	
14	Are all personnel fully aware of what to do if they become sick or are feeling unwell?	<input type="checkbox"/> () Established <input type="checkbox"/> () Improvement Opportunity <input type="checkbox"/> () N/A	

Item #	Prompt	Responses	Comments
15	Is the workplace set up, where possible, to maintain / encourage social distancing of 1.5 metres?	<input type="checkbox"/> Established <input type="checkbox"/> Improvement <input type="checkbox"/> Opportunity <input type="checkbox"/> N/A	
16	Are the correct PPE items, disinfectant chemicals and materials to prevent / reduce the spread of COVID-19 available and accessible to all personnel?	<input type="checkbox"/> Established <input type="checkbox"/> Improvement <input type="checkbox"/> Opportunity <input type="checkbox"/> N/A	
17	Have I ensured that there is frequent cleaning and disinfecting of regularly used / shared items thorough the day, e.g. bench tops, desks, etc?	<input type="checkbox"/> Established <input type="checkbox"/> Improvement <input type="checkbox"/> Opportunity <input type="checkbox"/> N/A	
18	Have all risks associated with spread of COVID-19 been identified for my work area and have I ensured controls are put in place?	<input type="checkbox"/> Established <input type="checkbox"/> Improvement <input type="checkbox"/> Opportunity <input type="checkbox"/> N/A	
19	Managers / GMS Checklist	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
20	Is the COVID-19 Outbreak Response Plan in place and am I aware of the plan?	<input type="checkbox"/> Established <input type="checkbox"/> Improvement <input type="checkbox"/> Opportunity <input type="checkbox"/> N/A	
21	Have I checked that all personnel (especially significant high risk workers) are up to date with their medical checks?	<input type="checkbox"/> Established <input type="checkbox"/> Improvement <input type="checkbox"/> Opportunity <input type="checkbox"/> N/A	
22	Have I ensured that COVID-19 information is available for all workers and information, healthcare services, support, and resources accessible?	<input type="checkbox"/> Established <input type="checkbox"/> Improvement <input type="checkbox"/> Opportunity <input type="checkbox"/> N/A	
23	Is the workplace and accommodation set up, where possible, to maintain social distancing of 1.5 metres?	<input type="checkbox"/> Established <input type="checkbox"/> Improvement <input type="checkbox"/> Opportunity <input type="checkbox"/> N/A	
24	Are critical items such as PPE, alcohol based hand sanitizers and disinfectant chemicals/materials in supply and available for personnel to use?	<input type="checkbox"/> Established <input type="checkbox"/> Improvement <input type="checkbox"/> Opportunity <input type="checkbox"/> N/A	
25	Are isolation and quarantine facilities set up and procedures in place and communicated to all personnel?	<input type="checkbox"/> Established <input type="checkbox"/> Improvement <input type="checkbox"/> Opportunity <input type="checkbox"/> N/A	
26	Are the on-site Emergency Medical Personnel trained, competent, and fully resourced and available on-call?	<input type="checkbox"/> Established <input type="checkbox"/> Improvement <input type="checkbox"/> Opportunity <input type="checkbox"/> N/A	

Item #	Prompt	Responses	Comments
Item #	Explanation		
1	Operator Checklist / Employee Checklist		
2	Am I physically and mentally fit for work? No fever, coughing, sore throat and fatigue, anxiety?		
3	Am I frequently cleaning my hands with alcohol-based hand sanitizer or washing my hands with water?		
4	Am I aware that I need to cover coughs and sneezes inside my elbow or a tissue and put used tissue into the bin?		
5	Am I making sure I avoid touching my eyes, nose and mouth?		
6	Am I aware that I need to report to the hospital and isolate myself / stay at home if I am feeling sick?		
7	Am I exercising, drinking water and getting plenty of sleep?		
8	Am I maintaining social distancing, where possible, of 1.5 metres?		
9	Am I frequently cleaning and disinfecting regularly used items through the day, e.g. bench tops, doorknobs, tools, mobile phones, keys, steering wheel, hand brake, etc?		
10	Am I using the correct PPE, disinfectant chemicals and materials to prevent / reduce the spread of COVID-19 at the workplace and accommodation?		
11	Supervisor /Superintendent Checklist		
12	Are all personnel physically and mentally fit for work? No fever, coughing, sore throat and fatigue, anxiety?		
13	Are all personnel following best hygiene practice and fully aware of the symptoms and risks associated with the spread of COVID-19?		
14	Are all personnel fully aware of what to do if they become sick or are feeling unwell?		
15	Is the workplace set up, where possible, to maintain / encourage social distancing of 1.5 metres?		
16	Are the correct PPE items, disinfectant chemicals and materials to prevent / reduce the spread of COVID-19 available and accessible to all personnel at the workplace?		
17	Have I ensured that there is frequent cleaning and disinfecting of regularly used / shared items through the day, e.g. bench tops, desks, doorknobs, tools, mobile phones, keys, steering wheel, hand brake, etc?		
18	Have all risks associated with spread of COVID-19 been identified for my work area and have I ensured that controls are put in place?		
19	Managers / GMS Checklist		
20	Is the COVID-19 Outbreak Response Plan in place and am I aware of the plan?		
21	Have I checked that all personnel (especially significant high risk workers) are up to date with their COVID-19 checks?		
22	Have I ensured that COVID-19 information is available for all workers and information, healthcare support, and resources accessible?		
23	Is the workplace and accommodation set up, where possible, to maintain social distancing of 1.5 metres?		
24	Are critical items such as PPE, alcohol based hand sanitizers and disinfectant chemicals/materials available for personnel to use?		
25	Are isolation and quarantine facilities set up and procedures in place and communicated to all personnel?		
26	Are the on-site Emergency Medical Personnel trained, competent, and fully resourced and available?		