

Business Information

Business Name:			
Contact name for enquiries about this questionnaire:			
Address for correspondence:			
Services provided by business:		Total number of employees:	

Item	Enterprise Health, Safety and Risk	Yes	No
1.	Is your business covered under exemption by the Australian Government and/or Chief Health Officer's Direction Order (No. 3) 2020?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does your business have a Business Continuity Plan (BCP) to address the current COVID-19 risk?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does your business have a process to communicate hygiene and social distancing awareness and practices in the workplace relating to COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does your business have a personal declaration process in place?	<input type="checkbox"/>	<input type="checkbox"/>

Item	Operational Requirements	Yes	No
5.	Has your business put measures in place to eliminate or significantly minimise interaction between people?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does your business have a process in place to detect potential COVID-19 cases?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has your business implemented the current social distancing recommendations as per the Australian Government including, but not limited to, working from home where relevant, and limiting people within offices and work spaces?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Has your business identified the key personnel to maintain minimum operations in the event that only critical services are approved to operate by the Australian Government?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has your business implemented a process to split working shifts and roster employees so there is no physical interaction between each shift?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does your business have an ability to resource a shift, should a shift become infected with COVID-19 and require isolation?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does your business have a robust cleaning process between shifts?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Does your business use a cleaning product that meets Australian Department of Health Cleaning and Disinfectant Requirements for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>

13.	Does your business have a formal process to clean equipment and vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Does your business have access to sanitisation products (e.g. masks, soaps, hand sanitiser and gloves) for daily use by every person who is required to work?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Does your business enforce travel restrictions (both overseas and interstate) as per Australian Government and applicable State Government requirements?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does your business have a documented and communicated process for personnel who must self-isolate as per Australian Government and applicable State Government requirements?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Does your business have a formal process in the event that a person within your business presents with COVID-19 symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Does your business have a formal process in the event that multiple staff within your business presents with COVID-19 symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Does your business have a formal process to monitor compliance of ongoing COVID-19 government requirements?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Does your business have a formal process for managing contractors who perform work on your behalf in relation to COVID-19 government requirements?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Does your business have a process in place to minimise the interaction operational staff? (E.g. road transporters, train drivers.)	<input type="checkbox"/>	<input type="checkbox"/>

Declaration	
I confirm I have read, understood and agreed to the compliance requirements as outlined in this document.	
Name of person completing this checklist:	
Position within listed business:	
Signature:	
Date:	