



CLEANING CREW HEALTH PRE-CHECK

DATE: _____ LOCATION OF CLEAN: _____

Ensure the following questions are asked of each cleaner participating in the infection clean or preventative works being undertaken before assigning to their tasks. Each cleaner must initial and agree that they have answered these questions to their honest and best knowledge

- Do you have any symptoms of fever or high temperature?
- Do you have any respiratory issues that may affect work today?
- Do you have any serious sores, blisters or open wounds?
- Do you have any medical conditions lately that indicate you are ill or limits you today?

Please write your name and initial, ONLY if you answer NO to the above questions. You should consult with your Supervisor as well and he or she must agree that you seem fit for work.

NOTE FOR SUPERVISOR: If any cleaner is not in reasonable health today, they should not be included in the works being undertaken. Call Manager or Corporate Office if any concerns.

MY NAME (I AM FIT FOR WORK)	INITIAL

Team Leader /Supervisor name: _____

Signature: _____