

**Template SIGN-IN SHEET**  
**Working Onsite during COVID-19**

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Allocated Desk/Workspace: \_\_\_\_\_  
Department: \_\_\_\_\_ Managers Name: \_\_\_\_\_

*I confirm the Following are Correct*

1. I have read and understood the site COVID-19 Plan and relevant Risk Assessments.
2. I am well with no symptoms associated with COVID-19 (Cough, Fever, and Shortness of Breath) or no other illness symptoms and no member of the household that I live in are sick with the symptoms or are in isolation. If I become unwell while onsite I will leave and inform my manager and if I feel unwell at home, I will not come to site.
3. I have no underlying condition which makes me more vulnerable during the COVID-19 epidemic and if I do, I have discussed my condition with my manager and am satisfied that the risk is appropriately controlled.
4. I will adhere to social distancing at all time while on site. Any tasks where social distancing can't be adhered to have been identified in the risk assessment and additional controls identified and I will implement the appropriate controls. I will respect all others who are using the space and respect their need for social distance.
5. I will wash my hands continuously throughout the day and will use hand sanitiser at a minimum when I enter and leave the buildings.
6. I have read and understood the cleaning protocol (Include Reference to this) and will clean all shared workspaces/equipment after use using the cleaning supplies at the nearest cleaning station.
7. All food brought onto site will be stored correctly in one of the site fridges.
8. I will raise any concerns immediately to my Line Manager and Health and Safety/Facilities/HR (choose one) if required. Consider ref to Lead Worker Representative here.
9. I will complete the contact tracing sheet at the back of this sheet if I have been in contact with somebody for >15mins and less than 2 meters or have any concerns
10. I will follow the advice of the HSE and (Insert Company Name) requirements and am committed to adherence to risk management guidelines.

<b>Comments:</b>          
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Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

*This Record could to be kept in (Suggestion- Security/Reception). Identify Team or Department who are responsible for the Form.*

