**Form 1 – Record keeping for health screening of workers before they re-commence (or commence) work**

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| **Worker details and health screening (for completion prior to commencing work)** |
| **Agribusiness details (employer to complete)** |
| **Business name** |  |
| **Operating address** |  |
| **Postal address** |  |
| **Business email** |  |
| **Business phone** |  |
| **Business contact person** | **Name** |  | **Phone** |  |
| **Employee health declaration (employee to complete)** |
| **Employee details** | **Full name** |  |
| **Employee D.O.B** |  | **Email** |  | **Phone** |  |
| **Employee home****address** |  |
| **Have you returned from overseas or a cruise in the last 14 days?*** No
* Yes, provide details below and ensure you self-quarantine for 14 days after entering Australia Details:
 |
| **Have you been in close contact with someone who has tested positive for had COVID-19 in the last 14 days?*** No
* Yes, provide details below and ensure you self-quarantine for 14 days after the last contact with an infectious case. Details:
 |
| **Have you, in the last 14 days, been in a COVID-19 hotspot as defined by the Chief Health Officer and published on the Qld Government website?*** No
* Yes, provide details below and ensure you self-quarantine for 14 days after leaving the designated hotspot. Details:
 |
| **Do you have, or have you had a fever, cough, sore throat, shortness of breath or other cold/flue-like symptoms in the last 72 hours?*** No, I am healthy and fit for work.
* Yes. Immediately seek medical advice and isolate immediately.
 |
| **Have you been tested positive for COVID-19, or are you awaiting results of a COVID-19 test?*** No
* Yes 

If yes, have at least 10 days passed since the onset of symptoms and have you been free of all symptoms for the past 72 hours?* Yes – Provide evidence of completed isolation.
* No. Immediately seek medical advice and isolate immediately.
 |
| **Please provide details of your work history and accommodation details (locations and dates) for the 14 days’ prior to arriving at this workplace:**Work history:Accommodation history: |
| **Employee declaration (employee to complete)**1. If you ticked “Yes” to any of the questions above, please immediately seek advice from your employer.
2. If you ticked “No” for all questions above, please complete the declaration below:

I, \_\_\_\_\_\_\_\_\_\_ confirm I am fit and healthy to commence work at the aforementioned workplace. Signature Date |

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| **Form 2 – Daily health screening of workers (suggested record keeping)** |

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| **Daily health screening of workers (to be completed for each worker for each shift)**If the worker has a fever, cough, sore throat, shortness of breath or other cold/flu-like symptoms, the worker is not fit for work, they must isolate immediately and seek medical advice. If a worker presents ill, please seek medical advice and keep a record of this and actions taken (suggested template in Attachment 2A) |
| **Worker’s Name** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|  | 🞏 Rostered on | 🞏 Rostered on | 🞏 Rostered on | 🞏 Rostered on | 🞏 Rostered on | 🞏 Rostered on | 🞏 Rostered on |
| 🞏 Not rostered on | 🞏 Not rostered on | 🞏 Not rostered on | 🞏 Not rostered on | 🞏 Not rostered on | 🞏 Not rostered on | 🞏 Not rostered on |
| 🞏 Feels healthy | 🞏 Feels healthy | 🞏 Feels healthy | 🞏 Feels healthy | 🞏 Feels healthy | 🞏 Feels healthy | 🞏 Feels healthy |
| 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days |
|  | 🞏 Rostered on | 🞏 Rostered on | 🞏 Rostered on | 🞏 Rostered on | 🞏 Rostered on | 🞏 Rostered on | 🞏 Rostered on |
| 🞏 Not rostered on | 🞏 Not rostered on | 🞏 Not rostered on | 🞏 Not rostered on | 🞏 Not rostered on | 🞏 Not rostered on | 🞏 Not rostered on |
| 🞏 Feels healthy | 🞏 Feels healthy | 🞏 Feels healthy | 🞏 Feels healthy | 🞏 Feels healthy | 🞏 Feels healthy | 🞏 Feels healthy |
| 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days |
|  | 🞏 Rostered on | 🞏 Rostered on | 🞏 Rostered on | 🞏 Rostered on | 🞏 Rostered on | 🞏 Rostered on | 🞏 Rostered on |
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| 🞏 Feels healthy | 🞏 Feels healthy | 🞏 Feels healthy | 🞏 Feels healthy | 🞏 Feels healthy | 🞏 Feels healthy | 🞏 Feels healthy |
| 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days | 🞏 Has not come into close contact with a COVID-19 case in last 14 days |

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| **Form 2A – Report of unwell worker** |

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| **Unwell worker report** |
| **Name of worker** |  | **DOB** |  |
| **Name of supervisor** |  |
| **Details of symptoms** | * Sign of fever
* Cough
* Sore throat
* Runny nose
 | * Shortness of breath/difficulty breathing
* Body aches and pains
* Headache
 |
| **Time symptoms began** | **Time:****Date:** | **Other notes about symptoms:** |
| **When were symptoms reported** | **Time:****Date:** |
| **Report on close contact by worker with others** | Has the unwell worker come into close contact with other workers? If so provide details. |
| **Management action** | **Immediately isolate the worker from other persons and seek medical advice.** A clinical decision will be made as to where the ill person should be managed with consideration of reducing risk of geographical spread.**Details of action taken:** |

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| **Form 3 – Record of inductions undertaken by workers** |

***Note -*** *Similar recording keeping should also be kept for any refresher training relating to COVID-19 risk management in the workplace.*

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| **Record of inductions (including distribution COVID-19 risk management procedures** |

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| --- | --- |
| **Worker’s Name** | **Inductions completed and sign-off** |
|  | 🞏🞏🞏 | Induction 1 (date completed: 17 April 2020, Sign-off: M. Manager)Induction 2 (date completed: 17 April 2020, Sign-off: M. Manager)Induction 3 (date completed: 17 April 2020, Sign-off: M. Manager) | *Joe has completed all inductions required and has received information outlining the requirements he must follow to help the workplace manage COVID-19 risks.* |
|  | 🞏🞏🞏 | Induction 1 (date completed: Sign-off: )Induction 2 (date completed: Sign-off: )Induction 3 (date completed: Sign-off: ) |  |

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| **Form 4 – Hand washing and/or hand sanitising supplies re-stocked** |

***Note –*** *Supplies include liquid soap, running water, paper towel, hand sanitiser (where handwashing facilities are not available). Supplies should be kept all in working order.*

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| **Record of handwashing supplies restocked** |
| **Area** | **Checked/Re-stocked** | **Sign-off** |
| Female and male toilets (packing shed) | Restocked on: 20/4/2020 | *J. Doe* |
| Basin (adjacent equipment shed) | Checked on: 21/4/2020 | *J. Doe* |
| Hand sanitiser dispenser in reception | Restocked on: 21/4/2020 | *J. Doe* |

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| **Form 5 – Daily cleaning records** |

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|  | **Daily cleaning records for workplace (ensure all areas of workplace are cleaned regularly)** |
| **Area** | **Mon** | **Tues** | **Weds** | **Thurs** | **Fri** | **Sat** | **Sun** |
|  | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 |
|  | Time: | Time: | Time: | Time: | Time: | Time: | Time: |
|  | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: |
| Packing Shed | Time: | Time: | Time: | Time: | Time: | Time: | Time: |
|  | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: |
|  | Time: | Time: | Time: | Time: | Time: | Time: | Time: |
|  | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: |
|  | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 |
|  | Time: | Time: | Time: | Time: | Time: | Time: | Time: |
|  | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: |
| Tea room | Time: | Time: | Time: | Time: | Time: | Time: | Time: |
|  | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: |
|  | Time: | Time: | Time: | Time: | Time: | Time: | Time: |
|  | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: |
|  | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 |
|  | Time: | Time: | Time: | Time: | Time: | Time: | Time: |
|  | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: |
| Dormitories | Time: | Time: | Time: | Time: | Time: | Time: | Time: |
|  | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: |
|  | Time: | Time: | Time: | Time: | Time: | Time: | Time: |
|  | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: |
|  | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 | * Area cleaned
 |
|  | Time: | Time: | Time: | Time: | Time: | Time: | Time: |
| *Add other* | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: |
| *workplace areas as* | Time: | Time: | Time: | Time: | Time: | Time: | Time: |
| *required* | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: |
|  | Time: | Time: | Time: | Time: | Time: | Time: | Time: |
|  | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: | Cleaned by: |

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| **Form 6 – Staggered roster for break times** |

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|  | **Staggered roster** |
| **Meal time** | **Mon** | **Tues** | **Weds** | **Thurs** | **Fri** | **Sat** | **Sun** |
|  | Group 1 5:30am | Group 1 5:30am | Group 1 5:30am | Group 1 5:30am | Group 1 5:30am | Group 1 5:30am | Group 1 5:30am |
| Breakfast | Names – J. Bloggs,J. Doe, E. Example | Names -Group 2 6:00am | Names -Group 2 6:00am | Names -Group 2 6:00am | Names -Group 2 6:00am | Names -Group 2 6:00am | Names -Group 2 6:00am |
|  | Group 2 6:00am | Names - | Names - | Names - | Names - | Names - | Names - |
|  | Names – J. Citizen,H. Worker | Group 3 6:30am | Group 3 6:30am | Group 3 6:30am | Group 3 6:30am | Group 3 6:30am | Group 3 6:30am |
|  | Group 3 6:30am | Names - | Names - | Names - | Names - | Names - | Names - |
|  | Names – M. Smith,S. Jones, J. Example |  |  |  |  |  |  |
| Morning tea |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Afternoon tea |  |  |  |  |  |  |  |
| Dinner |  |  |  |  |  |  |  |

**Form 7 – Visitors log (for the purpose of information gathering to assist with tracing if required)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Name** | **Organisation** | **Contact****number** | **Home****Address** | **Email Address** | **Purpose of visit** | **Visiting** | **Time****in** | **Time out** | **Sign** | **Areas of site visited (to be completed when signing****out)** |
| 21/4/20 | John Citizen | Agronomist Pty Ltd | 0404 400000 | 123 Madeup Place, Exampleland 4000 | example@email.com | Agronomy consultation for potatoes | M. Manager | 9:10am | 12pm | *J.Citizen* | Car park, reception, packing shed, male toilets (packing shed), field 2 and 3 |
|  |  |  |  |  |  |  |  |  |  |  |  |
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**Form 8 – Roster (to assist with staff Tracing)**

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| --- | --- | --- | --- | --- |
| **Name** | **Shift time** | **Area(s) on-site** | **Shift time** | **Area(s) on-site** |
| Joe Bloggs | 06.00-10.00 | Field 1 (harvesting, equipment shed, break room at lunchtime | 10.45-14.00 | Packing shed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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