

TOOLKIT COVID-19

Action Plans & Resources for running multi-site operations

Plan. Prepare. Succeed.

Are You **Prepared**?

While the impact of Covid-19 is unique for each business, we all face the **challenge** of keeping our customers and staff **safe** – whether continuing operations or preparing to re-open doors.

With our experience and knowledge, we prepared this **Toolkit** to support multi-site operators in rolling out **Covid-19 response** efforts. I strongly believe that our digital checklist solution will be a valuable tool to streamline these efforts, providing **real-time visibility** into operations on the ground.

Please don't hesitate to contact me directly. We will get through this together, and emerge stronger!

Ram Bukka, GoAudits CEO & Founder ram@goaudits.com





Toolkit Checklists - Highlights

1. Covid-19 Preparedness

Recommended: for top management to put into place processes that follow guidelines to mitigate Covid-19 infection spread

Key Points:

- Planning & updating processes to implement social distancing and strict hygiene measures
- Effective internal communication & training in a quickly evolving context
- Customer communication
- Preventative actions with sanitation and Personal Protective Equipment

2. Protect Home workers

Recommended: self-assessment for all staff working from home, to improve working conditions and minimize infection risks

Key Points:

- Keep in touch with remote staff to provide the right level of support and guidance
- Assess work conditions, workstation and tools, and see how they can be improved
- Increase staff awareness on the best practices for health & safety while working from home
- Assess Covid-19 infection risks

3. Checklist for Sanitation

Recommended: to ensure your business is following guidelines for cleaning and hygiene to prevent infection spread

Key Points:

- Reinforced daily cleaning and disinfection processes in the workplace
- Frequent sanitation of high touch points in staff work and rest areas, customer-facing areas, restrooms and food preparation areas

GoAudits

Toolkit Checklists - Highlights

4. **Employee** Screening

Recommended: for teams to perform daily health checks, streamlining Covid-19 incident reporting

Key Points:

- Daily staff health check and screening for Covid-19 symptoms
- Process to minimize infection spread risks in the team
- Questionnaire to assess infection risks for individual staff members

5. Daily Site Checks

Recommended: for retail / hospitality businesses to keep staff and customers informed and safe every day

Key Points:

- Daily staff communications regarding Covid-19 risk management
- Daily staff health screening to minimize infection risks
- Daily store hygiene and communication measures to ensure preventative steps are consistently enforced

6. Food – Staff Fitness to Work

Recommended: to ensure staff follow good personal hygiene practices to prevent germs from spreading to food

Key Points:

- General hygiene practices: hand washing, adequate clothing and protective equipment for staff handling food
- Covid-19 specific measures to minimize infection risks
- Assessing 'fitness for work' and reporting sickness



2 ways to use the **Toolkit**

or

Paper

Checklist

Digital

| Covid-19 Preparedness | |
|--|------------------|
| Planning & Processes | |
| n your company, is there a clear authority for Covid-19 crisis nanagement, such as a Management Committee? | |
| everyone's contact numbers and emergency contact details re up to date? | |
| ave you reviewed policies around international and domestic usiness travel? | ○ YES ○ NO ○ N/A |
| nferences and in-person meetings: have you stponed/cancelled or planned remote collaboration instead? | ⊖ yes ⊖ no ⊖ n/A |
| ave you updated your processes to follow guidelines for orking in a social distancing context? | |
| you have a process to manage for staff absences by eloping flexible attendance and sick-leave policies, plan for mative coverage, and monitor and track COVID-19 related f absences. | O YES O NO O N/A |
| you have an emergency process in place in case a staff mber shows suspected Covid-19 symptoms? | O YES O NO O N∕A |
| you have processes to minimise risks related to customers? r example: regulate entry to avoid overcrowding measures to help maintain 2m distance between customers d staff offer contactless payment where possible provide hygiene stations or facilities with soap, water and d sanitizer | ○ YES ○ NO ○ N/A |

Sanitation

Plan

In ye man

ls ev are u

Have

busir

Conf

post

Have

work

Do y

deve

alter staff

Doy

merr

Do y For e

and s

hand

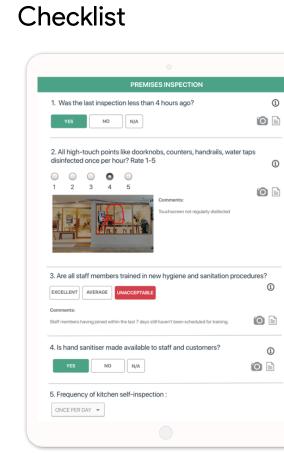
Download from our

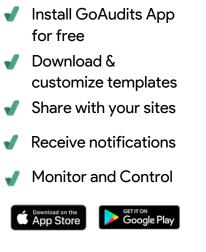
Print the templates

Share with your team

Complete manually

website





Download Now https://goaudits.com/covid19/



Covid-19 Preparedness

| Location: | | Dale: | Time: |
|---|------------------|--|-----------------------------|
| Planning & Processes | | Customer Communication | |
| In your company, is there a clear authority for Covid-19 crisis management, such as a Management Committee? | ○ YES ○ NO ○ N/A | Do you have a communication plan to reassure your consistent hygiene measures your company has taken? | ustomers on the strict |
| Are everyone's contact numbers and emergency contact details up to date? | ○ YES ○ NO ○ N/A | Do you need signage and announcements to remind c advice and ask not to enter if they have symptoms? | ustomers social distancing |
| Have you reviewed policies around international and domestic business travel? | ⊖ yes ⊖ no ⊖ n/a | advice and ask not to enter if they have symptoms? | |
| Conferences and in-person meetings: have you postponed/cancelled or planned remote collaboration instead? | ○ YES ○ NO ○ N/A | Cleaning and Disinfection | |
| | | Have you planned adequate cleaning measures to ens | ure regular disinfection of |
| Have you updated your processes to follow guidelines for working in a social distancing context? | ⊖ yes ⊖ no ⊖ n/a | high risk contact areas and touch points? | |
| | | Have you put in place appropriate cleaning/disinfectio | n procedures for cases |
| Do you have a process to manage staff absences by developing flexible | ○ YES ○ NO ○ N/A | where a sick person has visited the workplace? | |
| attendance and sick-leave policies, plan for alternative coverage, and monitor and track COVID-19 related staff absences. | | Have you updated your procedures to follow health authority guidance for cleaning and disinfecting different surfaces (hard surfaces, soft surfaces, laundry)? | |
| Do you have an emergency process in place in case a staff member shows | ⊖ yes ⊖ no ⊖ n/a | | |
| suspected Covid-19 symptoms? | | Have you trained all staff members on the new cleanir | ng and disinfection |
| Do you have processes to minimise risks related to customers? For example: - regulate entry to avoid overcrowding - measures to help maintain 2m distance between customers and staff | ⊖ yes ⊖ no ⊖ n/a | procedures? | |
| | | Did you make hand soap and hand sanitizer (containing at least 60% alcohol) widely available for all staff members as well as customers? | |
| offer contactless payment where possible provide hygiene stations or facilities with soap, water and hand sanitizer | | Personal Protective Equipment (PPE) and Pe | rsonal Hygiene |
| | | | |

Communication & Training

| Do you have a process to provide relevant real-time public health updates to your staff (noticeboards, internal communications)? | ○ yes ○ no ○ n/a |
|--|------------------|
| Have you provided training to your Managing Teams on measures related to Covid-19 they may need to take (staff screening, sanitation)? | ⊖ yes ⊖ no ⊖ n/a |
| Have all staff members been briefed on ways to prevent the spread of infection? | ⊖ yes ⊖ no ⊖ n/a |
| Are all staff members aware of the symptoms of Covid-19? | ⊖ yes ⊖ no ⊖ n/a |
| Have you briefed all staff members on the new ways of working in a social distancing context? | ⊖ yes ⊖ no ⊖ n/a |

O YES O NO O N/A Are all staff members following the WHO recommended hand washing protocol? O YES O NO O N∕A Have you procured adequate quantities of PPE such as disposable gloves, gowns or face masks for the employees performing cleaning tasks? O YES O NO O N∕A Are staff members wearing disposable gloves, gowns or masks for all tasks in the cleaning process, including handling trash? \bigcirc Yes \bigcirc NO \bigcirc N/A Are staff members following preventive actions while at work, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands? Any comments or issues to report?

Time:

Date



 \bigcirc YES \bigcirc NO \bigcirc N/A

O YES O NO O N∕A

 \bigcirc YES \bigcirc NO \bigcirc N/A

O YES O NO O N∕A

○ YES ○ NO ○ N/A

O YES O NO O N∕A

O YES O NO O N/A

| Homeworkers | Name: | | Date: Time: | |
|---|---|---|---|------------------|
| General | | | Fire & Electrical Safety | |
| Do you have the contact information (name, email, phone number) of a manager O YES O NO O N/A or supervisor who you can get in touch with easily? | | Do you have an emergency assembly point outside of your home in place in case of fire? | ○ YES ○ NO ○ N/A | |
| Does your employer have a system to regularly 'o visibly online each day? | check in' with you, if you are no | ot O YES O NO O N/A | Are your smoke detectors working and checked regularly, e.g. every month? | ○ YES ○ NO ○ N/A |
| Is your home kept secure whilst you're working there? | | Do you regularly dispose of waste, including papers, to prevent a build- up of fire 'fuel'? | ⊖ yes ⊖ no ⊖ n/a | |
| Have you ensured that important files and laptor | os are kept locked away securel | | Have you checked electrical equipment for spark, signs of damage or deterioration? | ○ YES ○ NO ○ N/A |
| when not in use? | | | Do you switch off equipment when not in use? | |
| Workspace | | 0 | Slips, trips & fall hazards | |
| describe your O DESK/TABLE IN SHARED ROOM distract home office: O WORK FROM BED while w | How likely are you to be distracted by others | NOT AT ALL SOMETIMES, NOT OFTEN FREQUENTLY OTHER | Are floor coverings, such as carpets and rugs, secure? | ○ YES ○ NO ○ N/A |
| | while working from home? | | Are walkways and corridors clear of trip hazards? | ○ YES ○ NO ○ N/A |
| Please provide some photos of your work area | nome: | | Is the floor area around your desk clear of boxes, papers and wires? | ⊖ yes ⊖ no ⊖ n/a |
| Is there anything that can be done to improve your home office? O YES O NO O N/A Workstation | | _ | Stress & Welfare | |
| | | Do you sit with a good posture and not hunched over the desk? | ○ YES ○ NO ○ N/A | |
| Do you have a table or desk to work from? | | | Are you able to carry out regular stretches at your to avoid stiff or sore muscles? | |
| Is your chair set up correctly? Is your lower back supported and are your feet flat on the floor? | | | Do you have easy access to first aid equipment if required? | ○ YES ○ NO ○ N/A |
| | | | Do you have a window or long distance view to look at every 15 minutes to give your short sighted muscles a rest? | ○ YES ○ NO ○ N/A |
| Do you have enough surface space on your desk | to work comfortably? | ○ YES ○ NO ○ N/A | | |
| Are your keyboard and mouse clean and within easy reach, without having to stretch? | | ⊖ yes ⊖ no ⊖ n/A | During the work day, do you feel disconnected or isolated? Personal Health & Hygiene | |
| Can you easily reach everything that you need w upper body? | ithout twisting and straining yo | ur O YES O NO O N/A | Do you have any flu symptoms such as headaches, running nose, sore throat, cough or fever? | ○ YES ○ NO ○ N/A |
| Is your display screen positioned so there is no glare from a window or light? O YES O NO O N/A | | | Has anyone in your home travelled overseas in the past two weeks? | ○ YES ○ NO ○ N/A |
| Is your display screen level with your eyes so it do neck or head? | besn't cause discomfort to your | r O YES O NO O N/A | Do you have hand sanitizer and face masks on hand? | ○ YES ○ NO ○ N/A |

GoAudits.com

GoAudits

| Sanitation Locat | ion: | Date: Time: | |
|--|------------------|---|------------------|
| Cleaning Process | | Customer-facing areas | |
| Staff is aware of the updated cleaning & sanitisation procedures | ○ YES ○ NO ○ N/A | Frequent touch surfaces regularly disinfected: door handles and knobs, hand rails, | ○ YES ○ NO ○ N/A |
| Updated cleaning schedule on display & implemented | | elevator buttons, trolleys/baskets | |
| Necessary PPE such as disposable gloves, gowns or masks are made available for staff members performing cleaning tasks | ○ YES ○ NO ○ N/A | Front counter & register area disinfected: counter surfaces, credit card machines, pens used by customers | ○ YES ○ NO ○ N/A |
| Staff members use the relevant PPE for all cleaning tasks, including handling trash | ⊖ yes ⊖ no ⊖ n/a | Customer kiosks/terminals, ATM machines, vending machine touch areas & buttons disinfected | ⊖ yes ⊖ no ⊖ n/a |
| Restrooms | | Customer tables, chairs, high chairs, napkin/condiment dispensers disinfected | |
| Frequent touch surfaces regularly disinfected: door handles, sink taps, toilet handles/buttons, light switches, hand rails | ⊖ yes ⊖ no ⊖ n/a | Handles & buttons of refrigerators, beverage coolers, drink dispensers disinfected | |
| Air blower or paper towel dispenser disinfected and functional | ○ YES ○ NO ○ N/A | Trash receptacles frequently disinfected and emptied | ⊖ yes ⊖ no ⊖ n/a |
| Soap / sanitizer dispensers disinfected and refilled | ○ YES ○ NO ○ N/A | Sanitizer dispensers available for customers and staff, refilled and disinfected | ○ YES ○ NO ○ N/A |
| Baby changing station disinfected | ○ YES ○ NO ○ N/A | Food preparation area | |
| Trash receptacles disinfected and frequently emptied | ⊖ yes ⊖ no ⊖ n/a | Frequent touch surfaces regularly disinfected: door handles and knobs, light | ○ YES ○ NO ○ N/A |
| Ventilation working properly | ◯ YES ◯ NO ◯ N/A | switches, counters | |
| Handwashing and other personal hygiene information displayed | ◯ YES ◯ NO ◯ N/A | Handles and buttons of all equipment disinfected: coolers, refrigerators, ovens, hood vent controls, etc | ○ YES ○ NO ○ N/A |
| General staff work and rest areas | | Walk-in / freezer vinyl curtains disinfected | ○ YES ○ NO ○ N/A |
| Frequent touch surfaces regularly disinfected: door handles, light switches, elevator buttons, hand rails | ○ YES ○ NO ○ N/A | Utensils, ice scoops, bucket handles etc disinfected | ○ YES ○ NO ○ N/A |
| · · · · · · · · · · · · · · · · · · · | | Sinks and faucets disinfected | |
| Offices : Shared electronic devices regularly disinfected: phone keypad & handset, computers, keyboards, mobile devices, order screens and dispatch stations | O YES O NO O NYA | Shared tech devices regularly disinfected: phone keypad & handset, computers, | ○ YES ○ NO ○ N/A |
| Staff kitchen: cupboard and refrigerator handles, counter surfaces disinfected | ○ YES ○ NO ○ N/A | keyboards, mobile devices, order screens and dispatch stations | |
| Staff kitchen: shared utensils and dishes properly disinfected, removed or | | Cleaning tools & personal protection such as gloves are available and in a good state | |
| replaced with single-use items | | Soap / sanitizer dispenser refilled and disinfected | ○ YES ○ NO ○ N/A |
| Vending machine buttons disinfected | ⊖ yes ⊖ no ⊖ n/a | Regularly change cloths, towels and aprons | ○ YES ○ NO ○ N/A |
| Hand sanitizer made widely available and regularly refilled across the workplace: at the staff entrance, staff rest areas and elsewhere | ○ YES ○ NO ○ N/A | Sanitize delivery materials and vehicles | ⊖ yes ⊖ no ⊖ n/a |



| Employee Screening | Nam |
|--------------------|-----|
|--------------------|-----|

ne:

Date:

Signature:

Time:

Daily Staff Health Checks Individual Screening ⊖ YES ⊖ NO ⊖ N/A Site Location Are employees checked or self-assessing for COVID-19 symptoms daily? The main symptoms to look out for are: Date 1. A cough A high temperature Employee's full name 2. 3. A shortness of breath Employee's phone number (best way to reach) Have you been in contact with anyone who has been experiencing the following symptoms? \bigcirc YES \bigcirc NO \bigcirc N/A Management fully aware of procedures to follow in the event of staff 1. Cough illness? 2. High temperature 3. Shortness of breath \bigcirc YES \bigcirc NO \bigcirc N/A Have any employees reported or shown any signs of sickness? Possible exposure details Was the employee(s) quarantined immediately? Did you recently travel? \bigcirc YES \bigcirc NO \bigcirc N/A Was the employee(s) sent home? ○ YES ○ NO - FREE TEXT Did the employee(s) have any contact with fellow employees or Are you currently experienced any of these symptoms? ◯ Cough O High temperature customers? Describe contact in detail ○ Shortness of breath Other: list symptoms \bigcirc YES \bigcirc NO \bigcirc N/A Will you be getting a test for Coronavirus / Covid-19? \bigcirc YES \bigcirc NO \bigcirc N/A Report to Senior Management

GoAudits

Time:

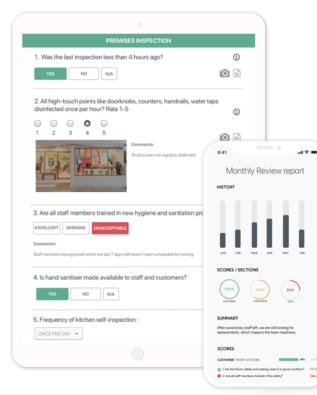
| Staff Communication | | Daily Site Hygiene | |
|---|------------------|---|------------------|
| Are there any updates to be shared on public health announcements or new internal processes? | ○ YES ○ NO ○ N/A | Was the store properly sanitised and ventilated prior to opening? | ○ YES ○ NO ○ N/A |
| | | Is the store's overall impression neat and clean? | ○ YES ○ NO ○ N/A |
| Does staff have any questions or concerns to report regarding their health and safety? | ○ YES ○ NO ○ N/A | Are the sanitation responsibilities required throughout the day clearly allocated (responsible staff, schedule etc)? | ○ YES ○ NO ○ N/A |
| Daily Staff Health Screening | | Are customer & staff restrooms and hygiene stations/facilities adequately supplied with soap, water and hand sanitizer for the day? | ○ YES ○ NO ○ N/A |
| Have any employees reported or shown any signs of COVID-19 symptoms? The | ○ YES ○ NO ○ N/A | Is required PPE readily available to staff? | ○ YES ○ NO ○ N/A |
| main symptoms to look out for are cough, high temperature, shortness of breath. | | Are Covid-19 customer communication signage and announcements properly displayed? | ○ YES ○ NO ○ N/A |
| Was any employee(s) with symptoms immediately quarantined or sent home? | ⊖ YES ⊖ NO ⊖ N/A | | |
| Did the employee(s) with symptoms have any contact with fellow employees or customers? Describe contact in detail | ○ YES ○ NO ○ N/A | Is the customer flow properly managed throughout the day to avoid overcrowding and respect social distancing? | ○ YES ○ NO ○ N/A |
| In case of employee(s) with symptoms, have you taken extra measures to minimize | ○ YES ○ NO ○ N/A | Are staff taking turns to wash their hands at set intervals throughout the day? | ○ YES ○ NO ○ N/A |
| infection transmission? | | Any comments or issues to report? | |
| Did any returning employee(s) complete the Return to work sickness form / questionnaire? | ○ YES ○ NO ○ N/A | | |



Location:

Time:

| General Hygiene | | Fitness to work | |
|--|------------------|--|---------------------|
| Are all staff trained to wash/dry their hands and use sanitizer before preparing food? | ○ YES ○ NO ○ N/A | Do all staff understand the importance of being 'fit for work' and what they need to report? | ○ YES ○ NO ○ N/A |
| Are all staff trained on the reinforced Covid-19 sanitation/disinfection procedures in Food Preparation Areas and follow them correctly? | ⊖ yes ⊖ no ⊖ n/a | Are staff trained to immediately report to their manager if their experience symptoms of diarrhoea and/or vomiting or Covid-19 and either stay at home or go | ○ YES ○ NO ○ N/A |
| Do your staff wear clean work clothes? Do your staff change clothes before | ○ YES ○ NO ○ N/A | home straight away? | |
| starting work? | | Management fully aware of procedures to follow in the event of staff illness, | S, ○ YES ○ NO ○ N/A |
| Where do staff change and store their outdoor clothes? Is there a separate area | ○ YES ○ NO ○ N/A | including Covid-19? | |
| where staff can change and store their outdoor clothes? | | Is there a process in place to ensure that staff who have had diarrhoea and/or | ○ YES ○ NO ○ N/A |
| What type of aprons do you use? Which tasks do you use them for? | ○ YES ○ NO ○ N/A | vomiting do not return to work until they have had no symptoms for 48 hours? | |
| Where do you keep clean uniforms/ disposable aprons? Is there a clean set of work clothes or disposable aprons for visitors? | ○ YES ○ NO ○ N/A | Are staff trained to tell their manager if they have any cuts or sores, and these are completely covered with a brightly coloured waterproof dressing? | ○ YES ○ NO ○ N/A |
| Do staff keep hair tied back? | ○ YES ○ NO ○ N/A | Are any staff deemed not 'fit for work', moved out of food handling areas or sent home? | ○ YES ○ NO ○ N/A |
| Do staff wear hats or hairnets when preparing food? | ⊖ yes ⊖ no ⊖ n/a | Are any unwrapped foods handled by staff "not fit for work" thrown away? | |
| Do your staff take off watches and jewellery before preparing food? | ○ YES ○ NO ○ N/A | Are return to work sickness forms / questionnaires consistently completed? | |
| Are staff wearing any additional PPE (gloves, face masks/coverings, and protective gear) required? | ○ YES ○ NO ○ N/A | | , |
| Are staff trained to avoid touching their eyes, nose, and mouth? Are they instructed to not smoke, drink, eat or chew gum while handling food? | ○ YES ○ NO ○ N/A | | |



Download Now

https://goaudits.com/covid19/



Roll out & monitor the **Covid-19 Standards** across your sites, **for free**

Flexible platform helps customize your own questions and share with sites & the team easily

Easy to use App Requires no training. Works with & without internet. GDPR Compliant Instant notifications & reports triggered to head office management

Real-time visibility Monitor any failures or growing risks and act immediately

GoAudits

100% FREE

Roll-out~& use our digital platform across your sites until June 2020

We will customize checklists, setup the system and onboard your team for FREE. You will receive all benefits of our enterprise system at zero costs, with no strings attached or obligation through the end of June 2020.

Please don't hesitate to contact me directly.

\$ \$ +(44) 78 411 459 18

R ram@goaudits.com

Ram Bukka GoAudits CEO & Founder https://GoAudits.com

