**COVID – 19**

**Occupational Health and Safety (OHS) checklist**

This form must be completed by the organisation that is going to host any QCTO employees before any QCTO employee visit the organisation.

This form will be used to authorise QCTO employees to visit the organisation based on the outcome of the questionnaire below.

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| **Organisation Details** | | | | | | | | |
| **Name of Institution (Entity) :** |  | | | | | | | |
| **Physical Address:** | **(Full Address to be used by QCTO representatives for direction)** | | | | | | | |
| **Town / City:** |  | | | **Province:** | | |  | |
| **Name of Contact Person (Host),** | **For Directions and Hosting** | | | **Contact No:** | | |  | |
| **E-Mail:** | | |  | |
| **Type of Organisation:** | **Skills Development Provider** |  | **Assessment Centre** | | **SETA** |  | **Other (Please Specify):** |  |
| **Name(s) of QCTO Employees / Representatives visiting the Organisation:** | **1)**  **2)**  **3)**  **4)** | | | | | | | |
| **Date of Visit:** |  | | | | | | | |
| **We hereby confirm that we will be ready and available on the date specified in the E-Mail? (Please note that non-availability or short notice cancelation (less than 7 working days) may result in your institution being liable for all costs and delayed site visit.** | | | | | | | | |
| **Purpose of Visit:** |  | | | | | | | |

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| **COVID – 9 Health and Safety (OHS) Checklist** | | | | | |
|  | **Question** | **YES** | **NO** | **N/A** | **Considerations and remedial actions required** |
|  | Did your organisation complete a Covid-19 risk assessment as per the National Department of Health (NDoH) directives? |  |  |  |  |
|  | Did your organisation update its OHS policy or procedures as per the National Department of Health (NDoH) directives? |  |  |  |  |
|  | Did your organisation implement Deep cleaning of the premises to prevent the transmission of Covid-19. |  |  |  |  |
|  | Did your organisation implement the compulsory wearing of COVID 19 personal protective by everyone in your premises to prevent the transmission of Covid-19. |  |  |  |  |
|  | Did your organisation recently sanitized premises/offices where the QCTO team will be accommodated in? |  |  |  |  |
|  | Does office seating arrangements for the QCTO team allow for at least 1.5-meter social distancing measures? |  |  |  |  |
|  | Did your organisation provide sufficient and freehand sanitisers (at least 70% alcohol content) at various locations in the workplace? |  |  |  |  |
| **3** | Does your organisation frequently screen its employees, learners, contractors and visitors for Covid-19? |  |  |  |  |
| **4** | Can your organisation provide reliable data on their entity specific infection rates? |  |  |  |  |
| **6** | Is the work area clean and well-ventilated and maintained in a manner that reduces the risk of the virus spreading? |  |  |  |  |