

## COVID-19 – EMPLOYEE REPRESENTATIVE CHECKLIST

NO.	CONTROL	YES	NO	DETAILS	ACTION REQUIRED
1.	Have you agreed with your employer or manager to act as an Employee Representative for your workplace or work area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2.	Have you been provided with information and training in relation to the role of Employee Representative?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.	Are you keeping up to date with the latest Government advice in relation to COVID-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.	Are you aware of the signs and symptoms of COVID-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.	Do you know how the virus is spread?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.	Do you know how to help prevent the spread of COVID-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7.	Have you been brought through an induction before returning to your workplace?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8.	Are you helping in keeping your colleagues up to date with the latest Government COVID-19 advice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9.	Before returning to the office, have you completed a COVID-19 Return to Work form on the knowledgebase?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10.	Are you aware of the control measures your employer has put in place to minimise the risk of you and others being exposed to COVID-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11.	Did your employer consult with you when putting control measures in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12.	Have you a means of regular communication with your employer or manager?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13.	Are you co-operating with your employer to make sure these control measures are maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
14.	Have you familiarised yourself with the cleaning requirements needed to help prevent cross contamination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
15.	Have you been asked to walk around your workplace / work area daily and check that the control measures are in place and are being maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

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16.	Are you reporting immediately to your employer / manager any problems, areas of non-compliance or defects that you see?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
17.	Are you keeping a record of any problems, areas of non-compliance or defects and what action was taken to remedy the issue?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
18.	Are you familiar with what to do in the event of someone developing the symptoms of COVID-19 while at work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
19.	Are you co-operating with your employer in identifying an isolation area and a safe route to that area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
20.	Are you helping, as part of the response team, in the management of someone developing symptoms of COVID-19 while at work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21.	Once the affected person has left the workplace, are you helping in assessing what follow-up action is needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
22.	Are you helping in maintaining the employee contact log?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
23.	Have you been made aware of any changes to the emergency plans or first aid procedures for your workplace?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
24.	Are you making yourself available to colleagues to listen to any COVID control concerns or suggestions they may have?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
25.	Are you raising those control concerns or suggestions with your employer or manager and feeding back the response to the colleague who raised the issue?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
26.	Do you know what supports are available if you are feeling anxious or stressed and will you pass this information on to your colleagues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

SIGNED: 

Name:  Position:  Date: