**SRM Coronavirus (COVID-19) Pre site Customer Checklist**

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| **Section A: General information.** | | | | |
| Customer/Business Name |  | Address details | |  |
| Main Customer Contact Name |  | Date of Assessment | |  |
| Type of Business |  | | | |
| SRM Security Roles on Site |  | Full time site | Event/Short job | |

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| **Section B: Questions** | | | | **Y/N** | **Comments / Action taken** |
|  | | Does your company have a COVID-19 Policy Document and Risk Assessment? **Client must** **provide to SRM before work commences** | |  |  |
|  | | Are you located in an area where restricted access has been established? | |  |  |
|  | | To the best of your knowledge, has anyone in your company had suspected or diagnosed with COVID-19 in the last 14 days? | |  |  |
|  | | Has anyone at your company site travelled abroad in the last 14 days? | |  |  |
|  | | Does your company actively send out Employee advice sheets/Training to staff? | |  |  |
|  | | Is your company taking precautions to contain the spread of COVID-19? **If yes, please explain measures** | |  |  |
|  | Have you reviewed the Government COVID-19 Guidelines? And can you ensure wherever possible, effective social distancing or appropriate control measures for any Contractors that come to your site? | | |  |  |
| Note: Depending on the answers above, our services may be impacted and may not take place due to the environment, this would need be reviewed and approved by SRM Management | | | | | |
| **Section C: Site Supplementary comments** | | | | | |
|  | | | | | |
| Customer Site Authorised Person | | | *Name* | | |

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| SRM Management Rep  Name:  Sign: | *Comments (State any concerns or Actions)* | *Date* |