

COVID-19 Audit #1

To be completed as assigned by a Manager

Location address:

Date:

Audit completed by:

Name

1. Send your Manager a picture of the screening station at your location

2. Send your Manager a picture of the current Sign-in & Temperature Record

3. How many times has someone not signed out correctly? _____

4. Are all staff wearing a mask and a face shield/googles/safety glasses? No Yes

5. Send your Manager a picture of current staff with PPE on

Manager follow up:

<p>_____</p> <p><i>Manager signature</i></p>	<p>_____</p> <p><i>Date</i></p>
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<p>Form Approved by:</p>	<p>Date:</p>
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