

**COVID-19 Audit #3**

*To be completed as assigned by a Manager*

**Location address:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Audit completed by:**

\_\_\_\_\_

*Name*

1. What PPE should staff be wearing right now?

\_\_\_\_\_

2. When driving someone you support in a vehicle, what PPE should be worn by staff and supported person?

\_\_\_\_\_

3. List 5 symptoms to look for when screening for COVID:

- |    |       |    |       |
|----|-------|----|-------|
| 1. | _____ | 2. | _____ |
| 3. | _____ |    | 4.    |
|    | _____ |    | _____ |
| 5. | _____ |    |       |

4. What do you do if you or another staff member is unwell? \_\_\_\_\_

4. What do you do if someone you support is unwell? \_\_\_\_\_

Manager follow up:

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

Date: