

COVID-19 Audit #4

To be completed as assigned by a Manager

Location address:

Date:

Audit completed by:

Name

1. Send a picture of the COVID-19 signage posted on

the outside door 2. Send a picture of ALL COVID-19

signage posted inside your location

3. How do you acquire more PPE and disinfectant?

4. Are all garbage bins touchless? Yes No

5. Do all garbage bins have a lid? Yes No

6. List location of all garbage bins:

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:
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