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| **Name of Premises/Business/Group** |  |
| **Checklist Completed By** |  |
|  | **PROCEDURE** | **DATE COMPLETED** | **SIGNED** |
| **STAFF** | Confirm all staff on site have completed training and that everyone knows the plan of the area and their specific role |  |  |
| Check that each member of staff has correct Personal Protective Equipment (PPE) |  |  |
| Gloves |  |  |
| Mask |  |  |
| Goggles |  |  |
| Confirm that all staff have sufficient PPE replacements before commencing work |  |  |
|  |
| **EQUIPMENT** | **Check that all required equipment is present and fit for purpose** |
| PPE - gloves, mask, goggles |  |  |
| Waste bags/labels |  |  |
| Disposable cloths/paper towels |  |  |
| Laminated procedure instructions |  |  |
| Buckets/basins |  |  |
| Cleaning in progress signs |  |  |
| Pressure sprayer/knapsack sprayer |  |  |
|  |
| **PRODUCTS**Tick products are available | **Check you have the required cleaning products available and in place** |
| Detergent |  |  Virucidal disinfectant |  |
| Disinfectant |  |  Hand wash |  |
| Hand sanitiser |  |  |  |