

COVID-19 RISK MANAGEMENT

VISITOR & KEY REGISTER

SIGN IN							SIGN OUT		
DATE	TIME	RECIPIENT NAME & TRADE CONTRACTOR DETAILS	COMPANY DETAILS & REASON FOR VISIT TO SITE	MOBILE NO	ACCESS HARDWARE CHECKED OUT	RISK MANAGEMENT	SIGNED	DATE/TIME ACCESS HARDWARE RETURNED	SIGNED
						<input type="checkbox"/> Do you have a Work Order? <input type="checkbox"/> Are you well today? <input type="checkbox"/> Have you been overseas in the past 14 days? <input type="checkbox"/> Have you been exposed to COVID-19? <input type="checkbox"/> Do you have your Work Safe Plan with you? <input type="checkbox"/> Have you conducted a Site Induction? <input type="checkbox"/> Have you reported any hazards to BM?			
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Please refer all queries to the ON-SITE MANAGER