

# Employee Awareness Form

## Workers aware of COVID-19 procedures and protocols

Company Name:	Location:
Supervisor/ Trainer:	Date:

- Program and response to COVID-19 and site practices has been explained and understood
- Where to find details of the program has been explained and understood
- How to express concerns about a safe work issue related to COVID-19 has been explained and understood
- Opportunities for input to the issue of working during a pandemic have been explained and understood.
- Importance of attending safety meetings and following the protocols has been explained and understood
- Importance of compliance with work safe directives
- Responsibility/ requirement to follow Health authorities and to co-operate with the practices in place as a condition of continued work has been explained and understood

Supervisors / Trainers Signature	Date
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Employee name	Employee signature (signature confirms agreement & understanding)	Date