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| MONTHLY CHECKLIST | | | | | | | | | | | | | | | | | | |
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| CLUB NAME: | | |  | |  | | |  | COVID-19 COORDINATOR | | |  |  | | | | |
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| MONTH |  | DATE | |  | Have hygiene supplies been checked and in sufficient supply?  (Y/N) |  | Are appropriate levels of PPE available?  (Y/N) |  | Is a high level of cleaning and disinfecting been performed regularly?  (Y/N) |  | Have any additional extra precautions or requirements been requested?  (Y/N) |  | COVID-19 safety plan reviewed and up to date?  (Y/N) |  | Have briefings been carried out regularly?  (Y/N) |  | Inspected by: |
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| **NOTES / ITEMS REFERRED TO SAFETY TEAM** |
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