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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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