

Emergency Call-out Sheet

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OHSS-ECS-01

Revision Number

01

Date

24/03/2020

Client Details

Name:

Contact:

Address:

Description of work to be done:

COVID-19 Questionnaire:

YES

NO

Is anyone in your home in quarantine due to COVID-19 infection?

Has everyone in your home been tested for COVID-19?

Does the work take place near any persons in your home?

Can you isolate your family while we are working?

Is the area where we will work clean and has it been sterilized?

Do you have an objection to us working inside your home?

Are there areas you would like us not to go into? If **yes** please state where below:

Area 1:

Area 2:

Area 3:

After work is completed

YES

NO

Can you provide for sterilization when we are completed?

Can you confirm that everyone was isolated during our work?

Are you happy that the area has been left clean?

Can you confirm that this was an emergency call out?

Do you feel safe to return to your family?

Are there reasons why you cannot do this job:

Additional Comments:

Please note, we are wearing PPE to protect ourselves, not because we are infected.

Name

Signature

Date

Plumber

Client

Supervisor

HSE

Please keep a copy of this in the HSE file at the office, on site and submitted to the Client.