**COVID-19 and the Workplace: General Precautions and a Risk Assessment**

**Employee checklist and acknowledgement**

*To be completed weekly by staff of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_returning to work in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during Phase One of the Northwest Territories reopening plan. To be signed and returned to \_\_\_\_\_\_\_\_\_.*

By signing this document, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledges that they:

* do not have a cough, shortness of breath, or a temperature – ATTN: if you are experiencing any symptoms of COVID-19 do not return to the workplace and consult the GNWT health authority to determine if you should be tested
* have not returned to the NWT within the last 14 days
* have reviewed the department of Health and Social Service’s [guide to Healthy Respiratory Practices](https://www.hss.gov.nt.ca/sites/hss/files/resources/healthy-respiratory-practices.pdf) and will follow these guidelines while in the workplace
* will take measure to ensure they will be 2 meters away from other workers at all times
* they do not work or volunteer at another workplace that would be considered high risk (consult WSCC workplace assessment for further guidance)
* will not schedule external meetings within the office; all external meetings must be scheduled virtually when possible, and outside the office when not
* will clean their workstations and offices using the disinfecting wipes provided regularly while in the workplace
* will disinfect their hands when entering the workplace and clean them regularly using the hand sanitizer provided or hand washing stations available in the office
* are sharing a workplace with others and will be responsible in their prevention actions outside of the workplace when sharing this space

If any of the above changes throughout the course of the week, staff agree to reassess their return to the office and will consult with their employer’s designated response person

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_