

COVID-19 Levels 3 & 4

WORKER CONSENT DECLARATION

(Safety Briefing Informed Consent to be completed WEEKLY to meet the requirements of COVID-19 Alert Levels 3 & 4)

Week Commencing:	
Name of Worker:	
Name of Employer:	
Unique ID (if applicable):	
	(Please tick)
1. I confirm that neither I nor any of the people I share my home / bubble with are displaying any COVID-19 symptoms.	<input type="checkbox"/>
2. I confirm that I am familiar with my employers Safety Risk Plan (SRP) and fully understand what I must do at work to maintain my safety, the safety of others and to minimise risk of spreading COVID-19.	<input type="checkbox"/>
3. I confirm that the company I work for has provided me with all the necessary PPE, personal hand cleaning and machine sanitisation resources to be safe and that I agree to follow all the requirements to be safe in this time of COVID-19.	<input type="checkbox"/>
4. I confirm will participate in the daily pre-start meetings for the coming week ahead.	<input type="checkbox"/>
5. I agree to fully participate in the work I am expected to do and have been informed of the risks associated with COVID-19.	<input type="checkbox"/>
Signed:	
Date:	