|  |
| --- |
| Please scan and send a copy of the completed attendance form to < Enter contact name and email address> |

# Section 1 – Meeting details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Manager name (Print): | Location: | Work area: | Date: / /  | Time: :  |
| Signature: |
| Topics:<add or remove topics for this work area> | **Coronavirus** * We all have a role to play in slowing or stopping the spread of coronavirus, to protect ourselves, our families and our customers.
* We also have to share responsibility for keeping ourselves and others safe when using shared facilities such as at rest areas, when refuelling and when handling freight.

**How to protect yourself and others** * Discussion of the steps that we will be taking:
* Overview
* Cleaning hands – soap/water and sanitiser
* When and how to use face masks; physical distancing
* Keeping the workspace clean, including the vehicle
* Using disposable gloves and handling freight or other shared facilities; minimising, substituting or eliminating touchpoints
* How to report safety hazards and incidents (refer to your own business process)
* What to do if you are sick, notice symptoms or have been in contact with someone who has been diagnosed with coronavirus (refer to your own business process)
* COVID Safe Plan
 |
| Attachments discussed: | 1. Coronavirus Safety Bulletin
2. Quick Guide – Coronavirus Overview
3. Quick Guide – Keeping your Workspace Clean
4. Quick Guide – Cleaning Hands and Wearing Disposable Gloves
5. Quick Guide – Using a Face Mask
6. Checklist – Coronavirus Vehicle Hygiene
7. Fact sheet – Mental Health and wellbeing
8. <Business Name> COVID Safe Plan
 |

## Section 2 – Attendance details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Print name: | Signature: | Date: / /  | Print name: | Signature: | Date: / /  |
| Print name: | Signature: | Date: / /  | Print name: | Signature: | Date: / /  |
| Print name: | Signature: | Date: / /  | Print name: | Signature: | Date: / /  |

# Section 3 – Business arising from previous meetings

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | **Items** | **Action required** | **Status** | **Completed** |
| 1. |  |  |  | Date: / /  |
| 2. |  |  |  | Date: / /  |
| 3. |  |  |  | Date: / /  |

# Section 4 – New safety issues

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | **Items** | **Action required** | **Status** | **Completed** |
| 1. |  |  |  | Date: / /  |
| 2. |  |  |  | Date: / /  |
| 3. |  |  |  | Date: / /  |

# Section 5 – Comments

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |