

## COVID-19 Driver Checklist – STAY SAFE

Our company is using this checklist to ensure the safety of our drivers and employees. We want to ensure that we do not contribute to the spread of the virus. For this reason, we would like you to fulfill the below checklist before you begin your shift and confirm that no unnecessary risks are being taken.

**First and last name of the driver:**

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**Vehicle make and model:**

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**Registration Number:**

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**Are you feeling well today?**

Yes.

No.  (typical of COVID19 symptoms cough, fever, difficult breathing)

**Please confirm you have not been in close contact with anyone with COVID19 symptoms?**

Yes.  (typical of COVID19 symptoms cough, fever, difficult breathing)

No.

**Do you have suficiente PPE /Hygiene supplies to hand for your work today?**

Yes.

No.

**Are you adhering to the social distancing recommendations where possible?**

Yes.

No.

**Are you feeling safe and comfortable about your work today?**

Yes.

No.  (If you are experiencing some kind of stress, anxiety, etc)