





Please use the following form to document your plan for how your staff and patrons will be kept safe during the COVID-19 pandemic.

Premises name:

has a maximum capacity of Number: patrons and agrees to the following Phase 4 safety requirements:



A strict limit of a minimum of 2sqm per person



Maintain physical distancing



Maintain hygiene standards and conduct frequent cleaning



Carefully manage shared spaces to ensure physical distancing

- Refer to the **COVID Safety Guidelines** for information on the expectations for COVID Safety Plans and to assist you in completing this plan. These are available at wa.gov.au
- Discuss and share relevant details of your plan with staff, contractors and suppliers so everyone is aware of what to do and what to expect.
- The COVID-19 pandemic is an evolving situation review your plan regularly and make changes as required.
- Print and display the **COVID Safety Plan Certificate** available at the end of this form.





| Premises details  |                        |                      |  |  |
|---|------------------------|----------------------|--|--|
| Premises name:  | Prepared by:           |                      |  |  |
| Type of premises:   | Position title:        |                      |  |  |
| Street address:   | Completion date:       |                      |  |  |
| Contact no:   | Revision date:         |                      |  |  |
| Email:  |                        |                      |  |  |
|   |                        |                      |  |  |
| * For the sections below, please complete the fo or information as required.  | rm and attach additio  | nal pages            |  |  |
| 1. Physical distancing  |                        |                      |  |  |
| • What will be done to implement physical distance  | cing guidelines?       |                      |  |  |
| <b>Consider:</b> physical distancing for staff and patrons; occupancy limits based on 2sqm requirements; management of waiting areas etc. |                        |                      |  |  |
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|   |                        |                      |  |  |
| 2. Hygiene  |                        |                      |  |  |
| How will you ensure required hygiene standards  |                        |                      |  |  |
| Consider: hygiene protocols and practices; supp   | ly of cleaning and san | itiser products etc. |  |  |
|   |                        |                      |  |  |
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|   |                        |                      |  |  |

| 3. Training and education   |
|---|
| <ul> <li>How will you ensure all your workers know how to keep themselves and others safe<br/>from exposure to COVID-19?</li> </ul>   |
| <b>Consider:</b> staff training; records of training; additional education; signage; guidance material etc.   |
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|   |
| 4. Compliance   |
| • I am aware that in addition to the legal obligations arising from the Emergency Management Act 2005 and the Directions made under that Act, I must continue to comply with relevant existing legislation and regulations, including WorkSafe legislation. |
| Yes No  |
| Comments:   |
|   |
|   |
| F. Bernanda ulaunin n   |
| <ul><li>5. Response planning</li><li>How will you respond to an exposure or suspected exposure to COVID-19 within</li></ul>   |
| your premises?  |
| <b>Consider:</b> records of patrons; cleaning procedures; referrals to relevant authorities; regular review of procedures etc.  |
|   |
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|   |





| Premises name: |  |  |  |
|----------------|--|--|--|
|                |  |  |  |

## **COVID Safety Plan Certificate**

Welcome.
We can accommodate
maintain the WA Gover

Number:

patrons and agree to

maintain the WA Government's safety measures





We're doing our part to help keep you safe. Please respect the rules and our staff.

We're all in this together.

| Prepared by: | Date: |
|--------------|-------|
|              |       |

