This document is intended to help you or your company to develop your COVID-19 management plan which may be required as part of your application. The template has been developed in line with the legal requirements under the Directions of the Chief Health Officer, NT Health.

Please write **N/A** where questions / fields do not apply to you.

You can find more information about crossing the border into the Northern Territory at <https://coronavirus.nt.gov.au/>

For further assistance please call the Border Restrictions Call Centre on 1800 490 484.

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| Your name or the name of your organisation |  |
| [NT COVID-19 Safety Checklist](https://forms.nt.gov.au/Produce/wizard/0b08e5a0-0fa4-4ed8-8978-8f77e288fe85/?ChecklistType=general&prepared=true&logGuid=b9138939-5d91-42db-b707-e686e65e7912) Reference # |  |
| Key contact |  |
| Contact phone number |  |
| Contact email address |  |
| Date of travel  Please provide an explanation if you have no defined date of travel. |  |
| Type of business and purpose of entry into the NT  Please provide some information about your business and why you need to come to the NT. |  |

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| Travel and accommodation |
| Please explain how you (or your company) will manage the physical distancing requirements while travelling between locations and also at your accommodation. For example will you use a private charter plane to transport staff to and from the worksite, what physical distancing measures are in place for the sleeping arrangements? |

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| Physical distancing requirements |
| You need to consider what measures are required to ensure staff maintain appropriate physical distancing of 1.5 metres when at work.  Please explain how you (or your company) will manage the physical distancing requirements. For example how will people maintain 1.5metres distance from another person while conducting their work duties, will physical distancing be managed as part of a delivery service or picking up goods? |

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| Workplace hygiene requirements |
| Good hygiene practices are really important in stopping the spread of COVID-19. Please provide information about how you plan to ensure you (and your staff) will be able to practice good hygiene. For example, what access to cleaning products will you have and how you manage waste, have you considered ways to minimise handling of shared items, have you provided hand sanitiser/hand washing facilities? |
| **Preventing contact between NT staff and interstate staff** |
| If applicable, please outline how you will manage the potential contact between workers (local and interstate) at work and in transit from one worksite to another. For example what are the accommodation arrangements, how will meals be managed, and what information will you provide to workers? |

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| **Management of staff coming from a COVID-19 active zone** |
| From time to time there may be towns, cities, municipalities or areas that have active cases of COVID-19. Outline what steps you will put in place to minimise the risk of spreading COVID-19 to others if introducing a worker from an area where COVID-19 is active. For example – you may have a process where you will only send staff from areas that you know have no active COVID-19, or staff would need to self-quarantine for 14 days before commencing work. |
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| **Monitoring and identification of sick employees** |
| Please describe the processes you have in place to manage staff that show signs and symptoms of COVID-19? For example you may have signs displayed to show in pictures what to look out for and when to see a doctor. |

I declare that all the information I have provided in this document is true and correct to the best of my knowledge and belief. I understand that it is an offence to make a declaration that is false in any way.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_