

Safe Management Measures Report



LIFE SAVING
TRAINING CENTRE Estd. 1995

REPLACE WITH YOUR Company Logo & Address

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Annex F: Travel History/QO/SHN/Confirmed Case Contact Declaration

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Annex H: Evacuation & Follow-Up Plan

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Safe Management Officer(s) (SMO)	Mr. XXX Mdm. YYY
Safe Management Team (SMT)	Mr. AAA Ms. BBB Mr. CCC Mdm. DDD

Monitoring Plan

1 Introduction

This report details how [INSERT COMPANY NAME], the 'Company', aims to minimize the risk of COVID-19 spread within the Company and promote a safe working environment for its employees.

2 Scope

This report gives a detailed outline of the safe management measures implemented that minimize the risk of COVID-19 spread within the Company and promote a safe working environment for its employees. Additionally, it also states potential risks that were identified, non-compliance to the safe management measures and corrective action taken for non-compliance.

3 Personnel Duties

Safe Management Officer(s) (SMO) will:

- 3.1 Identify potential risks (**Annex A**)
- 3.2 Implement safe management measures to mitigate potential risks
- 3.3 Communicate potential risks to all stakeholders
- 3.4 Conduct & keep records of periodic checks to ensure compliance to implemented safe management measures.
- 3.5 Take corrective action to remedy non-compliance. (**Annex B**)

Safe Management Team member will:

- 3.6 Gather evidence (eg. photos) of non-compliance
- 3.7 Give feedback to SMO on applicability of implemented safe management measures.

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4 To reduce physical interaction & ensure safe distancing

No.	Measures Implemented	Evidence	Date & Signed by SMO
1.	Employees who need to telecommute (i.e Work-From-Home) have been identified (eg. older than 55 years, pregnant, etc.) and have been informed to telecommute.	Eg. Picture of SMS &/or Email.	
2.	Working and break hours have been staggered and do not coincide with peak-hour travel. Team A: To clock-in by 9:30am and clock out by 3:30pm. Break-Time 12:30pm. Team B: To clock-in after 10am and before 10:30am and clock out by 4:30pm. Break-Time 1:30pm.	Eg. Company letter emailed to all staff.	
3.	Ensure Team A are not allowed to meet Team B	Eg. Timetable showing evidence that location for Team A and Team B is different.	
4.	Virtual Meetings	Eg. Screengrab of virtual meetings held between employees and/or suppliers/ contractors	
5.	No interaction during meals/breaks	Eg. Pictures of 1m physical spacing during meal-time	
6.	Minimized physical touchpoints	Eg. Only one person assigned to do all photocopying, touch-free clock-in/out, etc.	
7.	Social Distancing	Eg. Pictures of workplace flooring demarcated by a 1m by 1m masking-taped box.	
8.	External Visitors	Eg. Pictures of clearly visible signs to warn supplier/ contractor/ visitor of the need for social distancing, staggered entry to external visitors, etc.	

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5 To support contact tracing

- 5.1 Signed declaration by employees that they have downloaded and activated/ or do not wish download and activate the TraceTogether App after being encouraged to do so. (**Annex C**)
- 5.2 Use of SafeEntry visitor management system.
- 5.3 Pictures of clearly visible signs for employees/ supplier/ contractor/ visitor to make a health declaration that they are not unwell.

6 Personal Protective Equipment

- 6.1 Pictures of clearly visible signs for employees/ supplier/ contractor/ visitor to wear a face mask before/during/after entering the workplace.
- 6.2 Signed documented evidence of the number of face mask(s) issued per employee per day. (**Annex C**)

7 Workplace Cleanliness

- 7.1 Records of cleaning schedule performed by employee/ cleaning company. (**Annex D**)
- 7.2 Pictures of hand soap/ toilet paper/ hand sanitizers provided at the workplace.

8 Health Checks

- 8.1 Records of temperature screening (at least twice per day). (**Annex E**)
- 8.2 Signed Travel History/QO/SHN/Confirmed Case Contact declaration by employees. (**Annex F**)
- 8.3 Signed Health Declaration/ Recent Doctor Visits declaration by employees. (**Annex G**)

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9 Evacuation Plan (Annex H)

- 9.1 Quarantine (eg. in an isolated first aid room) employee who develops flu-like symptoms during work. Call **995** for ambulance.
- 9.2 Protocol for unconscious employees or those who are unable to move by themselves. Call **995** for ambulance.

10 Follow-Up Plan (Annex H)

- 10.1 Immediate evacuation plan for confirmed case(s) and workplace cordon-off plan.
- 10.2 Increased/Thorough cleaning of workplace sites visited by confirmed case(s). Evidence of cleaning schedule performed by employee/ cleaning company.

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Annex A: Risk Mitigation

No.	Risk Identified	Documented Evidence (Eg. Signed declaration or photo)	Who is responsible?	What is the remedy?	Date that this issue was resolved. (Signed by SMO)
1.	Welders wear a face shield when welding but do not wear a face mask beneath. When they stop welding, they remove their face shield and talk to their colleagues forgetting that they are not wearing a face mask.				

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Annex B: Non-Compliance

No.	Non-Compliance Identified	Documented Evidence (Eg. Signed declaration or photo)	Who was responsible?	What was the remedy?	Date that non-compliance was resolved. (Signed by SMO)
1.	Staff are seen gathering during lunch breaks.				

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Annex C: TraceTogether App/ SafeEntry visitor management system/ PPE

Name of Staff: _____

NRIC / BC / FIN No.: _____

I acknowledge that my Company, [INSERT COMPANY NAME], has encouraged me to download and activate the TraceTogether App. I am also able to use the SafeEntry visitor management system without any issues/problems. My Company has also issued me _____ face mask(s) per day.

Signature: _____

Date: _____

For Official Use	
Acknowledged by SMO	
Date	

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Annex D: Workplace Cleanliness

Name of Cleaning Company: _____

Name of Cleaning Staff: _____

NRIC / BC / FIN No.: _____

Checklist

No.	Task	Chemicals/ Detergents used	Date of Cleaning	Verified by
1.	Wipe lift buttons	Soap solution		
2.	Wipe pantry table and coffee machine	Alcohol-based cleaning solution		
3.	Clear trash	Not applicable		
4.	Wash toilet			
5.	Wipe desks and chairs			
6.	Wipe above cupboards			
7.	Wipe outside door			
8.	Wipe outside grilles			
9.	Wipe outside notice board			
10.	Hand soap refilled			
11.	Toilet paper replenished			
12.	Hand Sanitizers replenished			

Signature of Cleaning Staff: _____

Date: _____

For Official Use	
Acknowledged by SMO	
Date	

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Annex E: Temperature Screening

Name of Staff In-Charge of Taking Temperature: _____

NRIC / BC / FIN No.: _____

No.	Staff Name	Morning Temperature taken at _____ am	Afternoon Temperature taken at _____ pm	Verified by
1.	Mr. XXX			
2.	Mdm. YYY			
3.	Mr. AAA			
4.	Ms. BBB			
5.	Mdm. DDD			
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Signature of Staff In-Charge of Taking Temperature: _____

Date: _____

For Official Use	
Acknowledged by SMO	
Date	

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Annex F: Travel History/QO/SHN/Confirmed Case Contact Declaration

Name of Staff*: _____

NRIC / BC / FIN No.: _____

- i) I have travelled/will be travelling to the following countries / cities between 2 May 2020 to 31 December 2020 as listed below:

Countries / Cities of Intended Travel	Period of Stay	
	From	To

- ii) Please tick the appropriate column in the following table:

No.	Have you/ any one of your immediate family members been	Tick ONE	
		Yes	No
1.	Issued a Stay-Home Notice (SHN)?		
2.	Issued a Leave of Absence (LOA)?		
3.	Issued a Quarantine Order (QO)?		
4.	Issued a Medical Certificate for respiratory symptoms?		
5.	In close contact with a COVID-19 confirmed case?		

If your answer is 'YES' to any of the above, please give details below:

I acknowledge that it is my responsibility to inform [INSERT COMPANY NAME] if there are any changes to my above declared travel plans and it is my responsibility to inform [INSERT COMPANY NAME] if I or any one of my immediate family members are issued a Stay-Home Notice (SHN), Leave of Absence (LOA) and/or Quarantine Order (QO) in the future.

Signature: _____

Date: _____

For Official Use [TO BE KEPT FOR 28 DAYS]	
Acknowledged by SMO	
Date	

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Annex G: Health Declaration/ Recent Doctor Visits Declaration

Name of Staff: _____

NRIC / BC / FIN No.: _____

Health Declaration

I hereby declare that I have/ do not have the following flu-like symptoms in the **past 14 days**.

No.	Do you have the following symptom(s)?	Tick ONE	
		Yes	No
1.	Fever		
2.	Runny Nose		
3.	Cough		
4.	Sore Throat		
5.	Loss of Smell		
6.	Loss of Taste		

Recent Doctor Visits

I hereby declare that I visited the following doctors/clinics in the **past 14 days** for COVID-19 related symptoms.

No.	Name of Clinic/ Doctor	Awarded Medical Certificate (MC) for how many days?	What was the COVID-19 related diagnosis?
1.			
2.			
3.			

I also acknowledge that [INSERT COMPANY NAME] has asked me to monitor my health closely before returning to work.

Signature: _____

Date: _____

For Official Use [ALL MCs OR PHOTOCOPY OF MCs TO BE KEPT FOR 28 DAYS]	
Acknowledged by SMO	
Date	

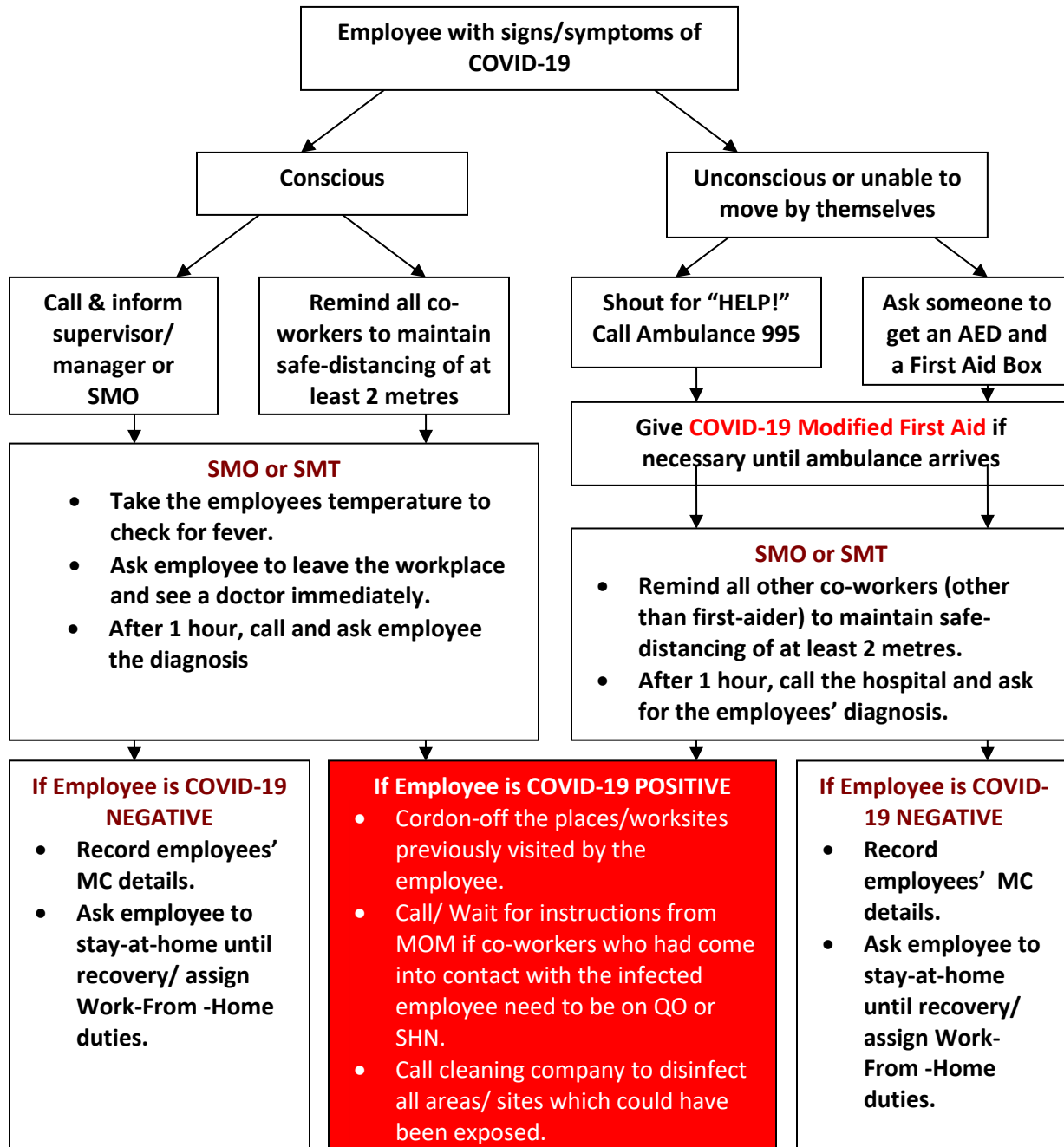
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Annex H: Evacuation & Follow-Up Plan

When an employee shows signs/symptoms of COVID-19 at the workplace, the following evacuation & follow-up plan should be consulted.



EVACUATION PLAN
FOLLOW-UP PLAN