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| **(Business Name) – COVID-19 CARE POLICIES AND PROCEDURES** |
| **Subject:  COVID-19 Safety and Sanitising System Survey SOP** | **SOP CODE:** |
| **Division:** All Staff |  |
| **Standard:** Ensure to grade each statement with each customer survey form returned  |
| **Policy:*** **Prevent COVID-19 Infection Risk**
* Survey to be sent out **prior** to lockdown lift in order to prepare and ensure customer’s comfort at the Store/Showroom/Workshop
* Survey to be sent out weekly and measure responses to decide whether to send out as WhatsApp instead of email
* Survey results to be measured and used to further refine Covid-19 Safety and Sanitising System for environment
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| **Procedures:**Please let us know how you feel about the COVID-19 Safety and Sanitising Systems we are implementing in order to make our space as safe and sanitised as possible for you to visit as soon as you are able to.Rate from 1 - 3:1 = Excellent and very important 2 = Important but not too concerned3 = Not very important  Continuous training of all staff on new Standard Operating Procedures, specifically focussed on COVID-19 prevention1. Full sanitising of Store/Showroom/Workshop prior to re-opening
2. Limiting time spent in the Store/Showroom/Workshop by implementing virtual consultations with customers prior to visits
3. Limiting the amount of people in the Store/Showroom/Workshop at one time and maintaining required social distancing
4. Sanitisers at numerous points in the Store/Showroom/Workshop
5. Signage and posters explaining new procedures
6. Temperature readings of all consenting people who enter the Store/Showroom/Workshop
7. Use of register / log to record all entering the Store/Showroom/Workshop on a daily basis
8. Use of masks, screens and gloves, as appropriate
9. Longer time between appointments to give time to fully sanitise area/s
10. Only EFT or credit card payments accepted to prevent handling of cash
11. Hourly sanitising of all common areas
12. Regular decluttering of surface spaces
13. Weekly / monthly fogging / sanitising of the Store/Showroom/Workshop

Please let us know anything else you would like us to implement that would make you feel more comfortable when visiting our space. |
| Date SOP issued: | Staff Signature: |
| Date SOP trained: | Staff Signature: |