

Post COVID-19 Return to Use Checklist

This checklist is for use as a guide to ensuring third party users and tenants of Council-owned facilities, such as sporting clubs and local community groups are taking reasonable steps and implemented an effective strategy for the recommencement of their respective activities in line with relevant state government directions and governing body restrictions and guidance.

The purpose of the checklist is to ensure the various users have considered the safety measures in line with the restrictions in place.

Organisation / Club: _____

Facility Name: _____

Facility Address: _____

1- Facility Condition		Acceptable		
1.1	Has a comprehensive safety inspection of the facility and surrounding area been conducted prior to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	N/A
1.2	If Yes, what was the date of this inspection?	Date: _____		
2- Hygiene Practices		Acceptable		
2.1	Has your facility had a deep clean undertaken prior to reopening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	N/A
2.2	If Yes, when was this completed?	Date: _____		
2.3	Does your organisation have processes in place for the regular cleaning of equipment used and have these been implemented? If yes, please provide documented details of what this entails.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	N/A
2.4	Does your organisation need to access indoor areas of the facility (i.e. access of toilets, club rooms, cleaning equipment, etc.)? If yes, the organisation is required to prepare a plan outlining the additional measures it will take to protect users against Covid-19, such as; <ul style="list-style-type: none"> • Cleaning and provision of hand sanitiser and hand washing facilities, • Measures to restrict the number of people in an enclosed space to a maximum of 1 person per 4 square metres, • Restricting access to any areas that remain non-accessible (e.g. club rooms, bars, eating areas, indoor sitting areas, showers and change facilities, etc.). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	N/A

3- Facility Usage		Acceptable
3.1	Please outline how you will manage the limit to maximum group numbers respective of each stage of restrictions?	
3.2	Is your organisation responsible for managing bookings for various rooms, courts, ovals, other areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3.3	If yes, how does the organisation intend to limit maximum numbers as well as social distancing requirements?	
3.4	Can no-touch access be provided at your facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3.5	How will your organisation manage entry and exit points, separating assembly areas, adjustments to activity timings and maintaining physical distancing of people arriving and departing (including public, participants, officials, spectators and parents)?	
3.6	Does your organisation have need to access indoor areas of the facility for equipment (i.e. balls, bats, training gear, etc.), access to ground/external lighting, or similar?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3.7	If yes, please specify: <input type="checkbox"/> Purpose (e.g. turning on lighting) <input type="checkbox"/> How often / timing, <input type="checkbox"/> Any relevant safety measures (e.g. allocation of responsibility, no-touch access, prevention of access to unauthorised access, etc.)	
3.8	Given the restrictions to group sizes and mass gatherings are likely to continue for some time, please specify your intended revised schedule for facility usage: <ul style="list-style-type: none"> • Days and times, • Allocation of space in line with available spaces / grounds / courts. * Separate schedule may be attached if necessary	

4- Other		Acceptable
4.1	Has signage been displayed around the facility, outlining guidelines around use of facilities and good practices to be followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.2	Insurance - have you contacted your insurance to ensure that it is still current given the current restrictions and change in practices/operation? If yes, please provide evidence of insurance.	Date: _____
4.3	What systems and strategies has your organisation implemented to communicate to members and participants any ongoing changes to safety considerations and operational practices necessary in line with changing state restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Signed by person completing checklist: _____

Print name: _____

Position: _____ Date: _____

Please return this form to Kristie Berry, Property and Risk Officer on 5461 0636 or email kristieb@cgoldshire.vic.gov.au.