

P001: Protocol for Callide Site Entry – Form 01

This questionnaire must be completed by:

- All Batchfire employees, labour hire or contractors at the start of every shift rotation
- All visitors to any Batchfire Workplace

First Name: _____ Surname: _____ Batchfire or Company: _____

Batchfire ID (if applicable): _____ Contact No: _____ Date: _____

Please answer the following questions	Response	Required Action if YES (Refer also Qld Health required actions)
1. Are you experiencing any of these symptoms: <ul style="list-style-type: none"> • Fever • Cough • Sore throat • Shortness of breath • Runny nose • Fatigue • Diarrhoea • Vomiting or nausea • Loss of smell and/or taste 	YES <input type="checkbox"/> NO <input type="checkbox"/>	healthdirect Symptom Checker healthdirect If you are experiencing any symptoms, no matter how mild, contact your local GP or call the QHealth COVID hotline (13 42 68).
2. Have you been a close contact with someone who has a confirmed or suspected case of COVID-19?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Close contacts - quarantine and testing requirements Health and wellbeing Queensland Government (www.qld.gov.au)
3. Have you returned from a hotspot, been overseas or been a cleared case of COVID-19?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Entering Queensland from a hotspot Health and wellbeing Queensland Government (www.qld.gov.au)
4. Have you travelled from any Restricted Areas listed by the Queensland Government (which may change from time to time)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	COVID-19 hotspots and Border zone areas Health and wellbeing Queensland Government (www.qld.gov.au) If Yes: How: _____ Who with: _____ Where from: _____
5. To the best of your knowledge, are you required to quarantine or self-isolate for any reason?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Signature: _____

If you have answered **No** to questions 1 to 5 you may enter the workplace and continue with your role, abiding by the site procedures. If you answered **Yes** to any of these, immediately notify your Supervisor. You will not be permitted to enter the workplace until further review of your circumstances.

Supervisor / Paramedic: _____ Signature: _____ Date: _____