

# COVID-19 Prevention - Deployment Checklist

Section A: General information about the company and work			
Company Name		Installation/location(s) of planned deployment	
Main Contact Name		Embarkation date	
Brief description of planned activities			

		Y/N	Comments / Action taken
Q 1.	Does the client have procedures/policies in place to reduce expansion of the COVID-19 outbreak including control of employees, contractors, crew and visitors?		

Note: If the answer to the question above is NO then the deployment will not be able to take place until procedures are in place.

Q 2.	Is anyone at the location suspected or diagnosed to be infected with COVID-19 in the last 14 days?		
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Note: If the answer to the question above is YES then the importance of the visit/deployment needs to be agreed with CapMarine Manager and proper measures need to be in place.

Signature of Client representative

*Client Representative to sign here and date*

## Section B: CapMarine Observer Details

Name and Surname	
Date of Birth	
Nationality	
Passport No. / ID No.	
Telephone Number in South Africa	
Other Contact Number /WhatsApp Number	
Email Address	

Section C: Questions for CapMarine Observer prior to deployment		Y/N	Comments / Action taken
Q 3.	Are there additional precautions in place by the client you need to comply with to visit the location?		
Q 4.	Have you been at a location where you suspect you may have been infected with COVID-19 in the last 14 days?		
Q 5.	Will you have to travel to/through high risk cities/provinces/locations to get to the client site?		
Q 6.	Are you or close relatives experiencing any ill health/pre-existing health conditions that would make you more sensitive to COVID-19?		
Q 7.	Do you have access to basic medication such as pain relief if you become unwell?		
Q 8.	Do you wear a suitable face mask, carry & use alcohol based sanitizer & maintain 1.5 m social distance when you go out in public?		
Q 9.	Have you been in contact with a confirmed or suspected case of COVID-19?		
Q 10.	Have you been to any international event in the last 14 days?		
Q 11.	Do you currently experience or have you had any cold or flu symptoms e.g. cough, headache, fever during the last 14 days?		
Signature and date CapMarine Manager		Signature and date CapMarine Observer	