

COVID 19 CHECKLIST

The health and safety of our staff and clients is paramount at this time.

Our current working staff are all in good health and have confirmed that they have none of the symptoms associated with COVID – 19.

We would appreciate if you could please complete this questionnaire so we can ensure we comply with Government guidance issued on 11th May 2020.

Name

Today's Date

Property Address

Have you had any of the following symptoms within the past 14 days;

Fever / Temperature Yes No

Sore Throat Yes No

Dry Cough Yes No

Loss of sense of smell Yes No

Breathing Difficulties Yes No

Have you been advised to self-isolate? Yes No

If all above is answered 'No', do you have you appropriate PPE available to you for the viewing / valuation? Face mask, gloves and hand sanitiser. Yes No

Signature

Proof of Address provided Yes No