## CHECKLIST Teaching Area

LECTURER:

**ROOM NO/SECTION:** 



## DAILY Check

ARE ITEMS DONE?	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Wear masks or face coverings					
Handwashing facility with water and soap is readily accessible from the teaching area					
Teaching area is arranged for physical distancing – maximum occupancy is posted on the door					
Proper ventilation / air circulation					
Sanitizing supply is available for individuals to clean their areas before and after use					
Trash is removed and disposed safely					
Remarks					
Date	••••••				
Time of checking					
NAME & SIGNATURE					



ARE POSTERS VISIBLE INSIDE THE TEACHING AREA? CHECK EVERY MONDAY/FIRST DAY OF THE WEEK Monitor and report to the college head on irregular absenteeism patterns among students

		Remarks	
ARE YOU READY TO ENTER THE COLLEGE?	CHECK YOURSELF! DO YOU FEEL SICK?		
WASH HANDS MAINTAIN MAINTAIN	CropT	Date	
		Time of checki	ng
	AND STAY IN YOUR ROOM.	NAME & SIGNA	TURE
YES NO	YES NO		
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**COMPLETED CHECKLIST VERIFIED BY:** 

STUDENT REPRESENTATIVE

COLLEGE HEAD