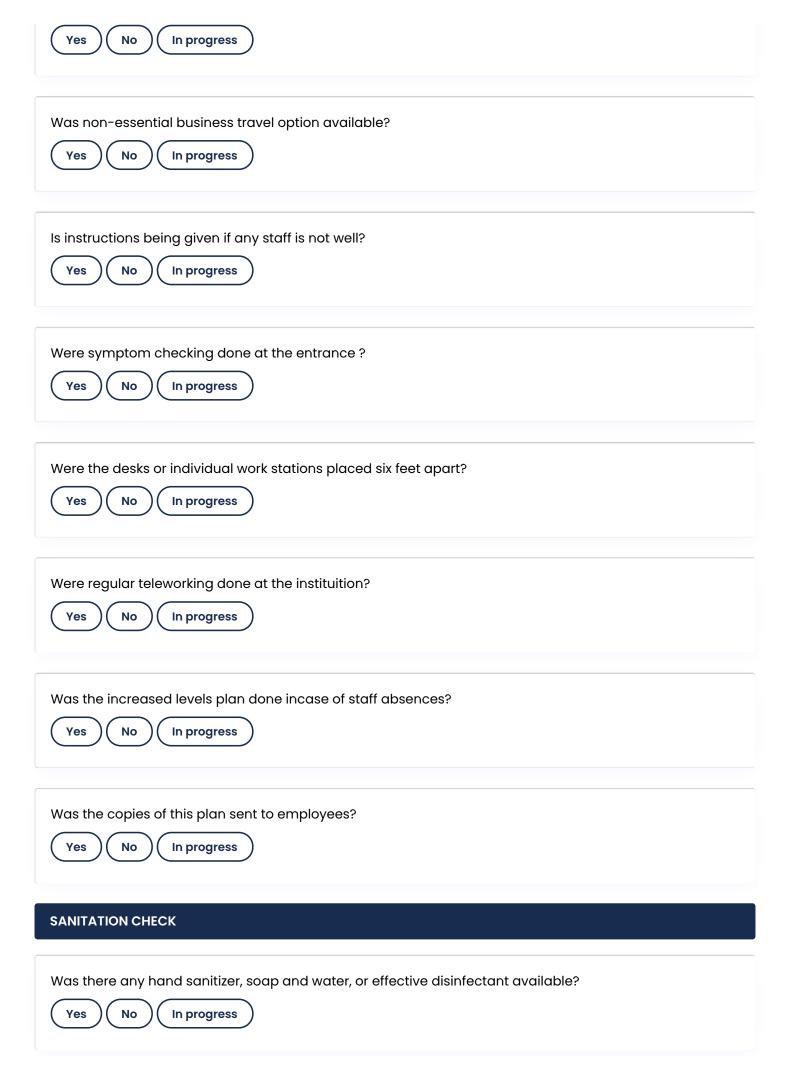
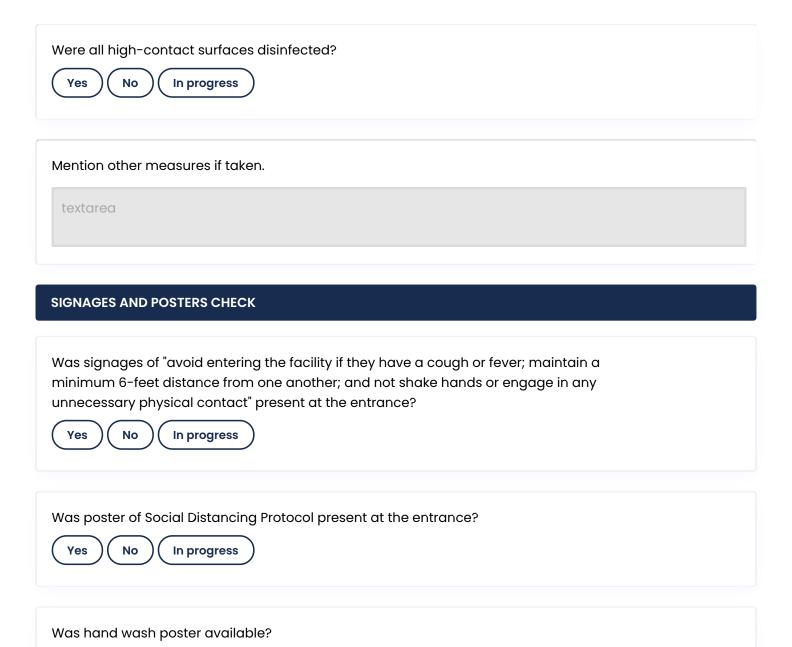
## Social Distancing plan checklist

## **Health Services**

AUDIT VERIFICATION
Contact person
Name
Contact Number
MEASURES TAKEN
Is there signs of directing customers to follow the markings to maintain distance
placed?
yes No In progress
placed?
Ves No In progress  Was there seperate counter of delivery and order?
Ves No In progress  Was there seperate counter of delivery and order?
Placed?  Yes No In progress  Was there seperate counter of delivery and order?  Yes No In progress

Was work from home option available if required?





Yes

Yes

No

No

Is digital posters sent via email?

In progress

In progress