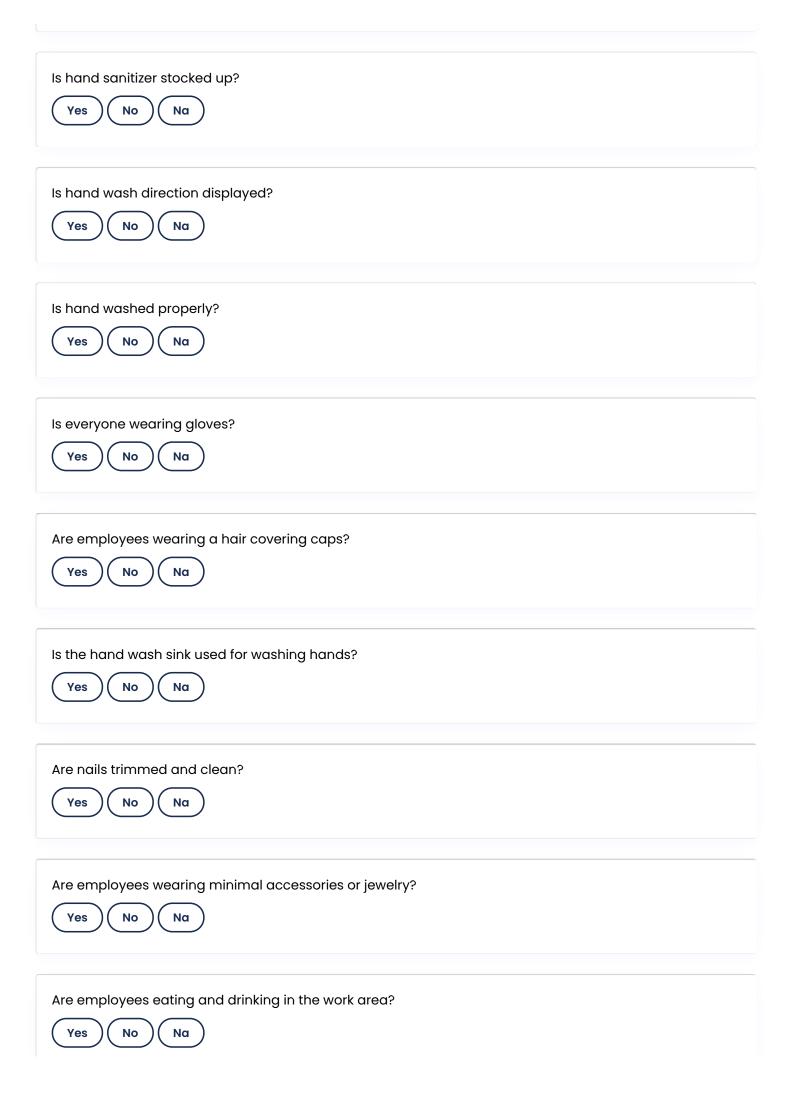
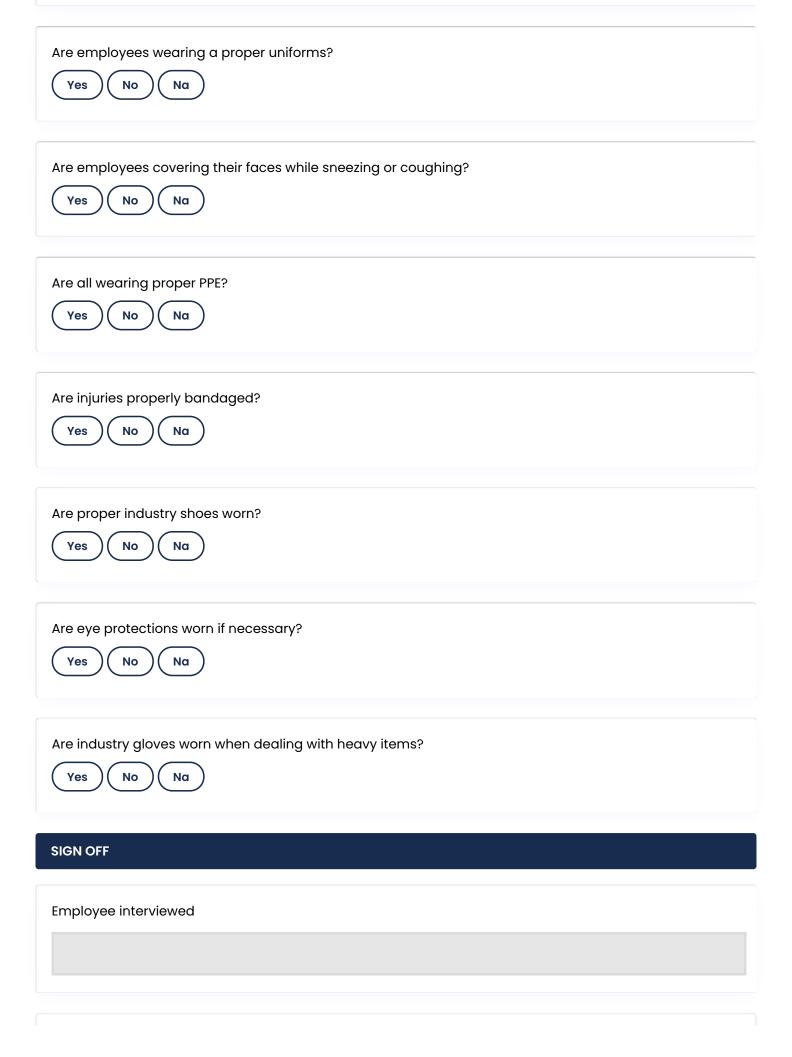
## COVID-19 Home Office Self Assessment Checklist

Manufacturing

GENERAL
Area Id
Inspection area
Location
Is the hand wash area clean?  Yes No Na
Does the area have soap and single-use napkins?  Yes No Na
Is sanitizing solution available in all areas?  Yes No Na
Is sanitizer concentration as per the need?  (Yes) (No) (Na)





Supervisor of the unit -name	
Supervisor of the unit -signature	SIGNATURE
Date	DATE
2017-01-01	