**Workplace Plans As Per Appendix E of The Regulations**

To be completed with the Walk Through Assessment and submitted to dap@sun.ac.za for institutional record purposes and monitoring by the Campus Operations Work Stream.

A: Environment information:

|  |  |
| --- | --- |
| Department / Unit / Division |  |
| Faculty / VS |  |
| Building |  |
| Campus |  |
| Date of return and hours of opening |  |

B: Timetable setting out phased return-to-work of employees (add rows as needed)

|  |  |  |  |
| --- | --- | --- | --- |
| no | Surname and Initials | Staff (UT) number | Work days / times |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

C: Steps taken to get the workplace COVID-19 ready

|  |
| --- |
|  |

D: A list of staff who can work from home (add rows as needed)

|  |  |  |  |
| --- | --- | --- | --- |
| No | Surname and Initials | Staff (UT) number | If the information is available indicate +60 years and/orcomorbidities (Y/N) |
|  |  |  |  |
|  |  |  |  |

E: Arrangements for staff in your environment (the ICBC toolkit provides guidance)

* 1. Staff who have received PPE (add more rows if needed)

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Surname and Initials | Staff (UT) number | Item received |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. Sanitary and social distancing measures
	2. Facilities at the entrance and exit for sanitary and social distancing measures
	3. Screening facilities and systems (Include a PUI area, “Person Under Investigation” with reference to a room number for the isolation room)

|  |
| --- |
|  |

* 1. Attendance record system and infrastructure

|  |
| --- |
|  |

* 1. The work-area of employees

|  |  |  |
| --- | --- | --- |
| No | Work-area | Measures |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 E. 7 Designated area where the public is served

|  |  |  |
| --- | --- | --- |
| No | Area | Measures |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* 1. Canteen and bathrooms

|  |  |  |
| --- | --- | --- |
| No 1 | Area | Measures |
|  |  |  |
|  |  |  |

* 1. Screening facilities

**Campus Health Services**

Stellenbosch 021 808 2753/3496

Tygerberg: 021 938 9590

After hours and emergencies: 076431030

1. 10 Staff Rotation arrangements

If similar to schedule in B – refer to B otherwise indicate staggered approach of work hours / rotation of staff

|  |  |  |
| --- | --- | --- |
| No | Team | Arrangements |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Arrangements for members of the public and students (including sanitation, social distancing measures and awareness posters). Please indicate that occupancy certificates will be displayed at the entrance to all classrooms/laboratories (see link to occupancy certificate in ICBC toolkit guidance document.

|  |
| --- |
| **Arrangements for the public** |
|  |

|  |
| --- |
| **Arrangement for students** |
|  |

G: Attach as Appendices (at least, but not limited to):

|  |  |
| --- | --- |
| 1. Completed Worker Risk assessments &

register  |  |
| 2. Completed Walk Through Risk Assessments |  |
| 1. Signed Compliance Officer Appointment

Letter |  |
| 4. List of staff who have received PPE |  |
| 5. Signed Compliance Officer Appointment Letter |  |

H: Contact details of COVID-19 Compliance Officer

|  |  |  |
| --- | --- | --- |
|  | Chief COVID-19 Compliance Manager | Nicolette van den EijkelChief Director: Facilities Management Contact details: vdeijkel@sun.ac.za021 808 3918 |
|  | COVID-19 Compliance officer in environment |  Name: Contact details:  |
|  | Contact person in environment responsible for workplace plan |  Name: Contact details:  |

I. Approvals Requested from COVID-19 Compliance Manager

|  |  |
| --- | --- |
| Request | Response |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Signatories**

Covid Compliance Officer of Environment/Department

Name: Date: Signature:

Head of Department of Environment

Name: Date: Signature: