NAME/S:	
ORGANISATION:	LONGBEACH UKES Inc.
SIGN:	
DATE:	
KINGSTON STAFF MEMBER:	

- Social distancing measures must be enforced at all times.
  All attendees must remain at least 1.5m apart.
- Set up your spaces to comply with physical distancing rules.
- Limit moving furniture.
- Know the maximum capacity allowed in the building and strictly enforce this.
- Sign in the building attendance register with your own pen
- We have made all our members aware of the conditions of entry and use of the building. They have been given a copy of the group's Covid Safe Plan.
- Check stock of hand sanitiser and soap in bathroom and make Council aware if products are running low or empty.
- You may be required to create a cleaning chart to record the date, day, and times that you have cleaned equipment and surfaces.
- groups may also display additional signage however this will need to be removed at the end of your session.
- People are allowed to bring food and drink for their own consumption. No sharing of food is allowed and Kitchens will be unavailable for use.
- Council contracted cleaners will continue to conduct overnight cleans. Groups will be required to clean down used surfaces before and after use. Council will provide cleaning kits at each building to assist groups with this.
- Everyone attending a Council facility is to wear a face mask unless an exemption applies. Provide face mask and adequate Personal Protective Equipment (PPE) to workers if they do not have their own.
- Handling and sharing of equipment should be minimised as far as practicable
- Access will be blocked to parts of the facility that are not used.
- Group is encouraged to provide ventilation into the building. Open windows and doors where appropriate. Ensure these are closed and locked at the end of the session.
- Members must leave the building as soon as the booked session is over.

I have been inducted into the building noted above and I/we understand of our obligations in using the facility. I/we will induct our members/group prior to recommencing a the facility.

Name:
Signature:
Date