



## Daily Operator's Check List

QUESTION	YES	COMMENTS
Does the employer check the condition of employees arriving at the aquatic facility?	<input type="checkbox"/>	
Are employees advised to leave the aquatic facility if they have any COVID-19 symptoms?	<input type="checkbox"/>	
Has the employer planned the work to respect physical distancing?	<input type="checkbox"/>	
Is physical distancing respected during the entry-exit of the aquatic facility, during breaks, during meals?	<input type="checkbox"/>	
Are toilets accessible at the aquatic facility?	<input type="checkbox"/>	
Are the toilets cleaned every 2 (2) to four (4) hours?	<input type="checkbox"/>	
Is the staff room table and high-touch points cleaned before and after each use?	<input type="checkbox"/>	
Is the staff room cleaned every day?	<input type="checkbox"/>	
Is there presence of water and hand washing soap?	<input type="checkbox"/>	
Are shared equipment or workstations cleaned after each use?	<input type="checkbox"/>	