




## Audit Definition Details

Audit Definition	CANADA - COVID 19 Safety Plan	Business Group	Compass Group Canada
Amendments		Sector Group	Compass Group Canada
Audit Number	287449	Sector Name	01-Chartwells - Higher Educ.
Location/Unit	2010-22011 - St Michael's College - FPM	Division	02250 - Kevin Booth
Remote Assessment	On-site	Region	Dist. 118 - Ashlee Collins
Your Email Address	 arsen.tauchelov@compass-canada.com	District	St Michael's College - FPM
Audit Performed By	Self Inspection	Complex	St Michael's College - FPM
Complete Date	09/02/2020	Count-Up Score	0.00
Responsible Email	 arsen.tauchelov@compass-canada.com		
Additional Email Notify	 ashlee.collins@compass-canada.com		
Status	Complete		
Entry User	H&S Canada Audits		
File Attachments on Questions?	Yes		

## CANADA - COVID 19 Safety Plan Amendments Audit Answers

Question	Audit Category	Response	Records
Expected unit re-opening date:	General	09/04/2020	
Is your unit based out of British Columbia?	General	No	
Make amendments to a question from category: COVID-19 Specific Requirement	General	Plexi glass installed, physical distance signs, floor markers	6 Files
Make amendments to a question from category: Physical Distancing for Compass Associates	General	large kitchen and servery space allows us to have separate work stations for everyone. Masks are mandatory	2 Files
Make amendments to a question from category: Physical Distancing for Customers	General	floor labels, signage around the room + minimized maximum capacity. Masks are mandatory	4 Files
Make amendments to a question from category: JHSC Worker Member/Rep	General	the board is cleaned and updated	1 File
Make amendments to a question from category: Health and Safety	General	infrared thermometers are purchased Associate daily health questionnaire printed H&S board cleaned and updated	3 Files
Make amendments to a question from category: Food Safety	General	all recalls are completed and kitchen equipment is tested	
Ontario food service only – Where applicable are you gathering and retaining patron information for a period of 30 days?	General	yes	

## CANADA - COVID 19 Safety Plan Amendments Corrective Actions

Definition	Audit Number	Question	Audit Category	Action Required	Action Taken	Status	Assignee Email	Due Date	Location Number	Name
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## Images









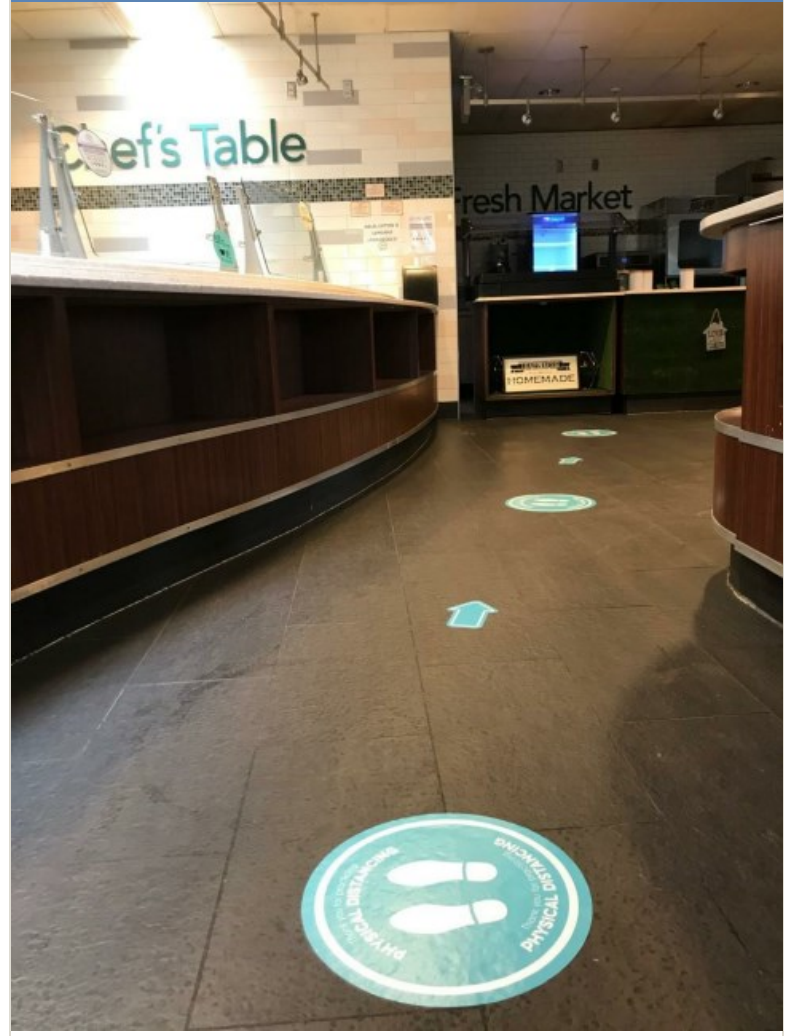
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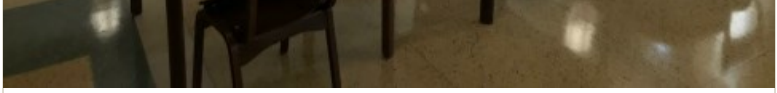


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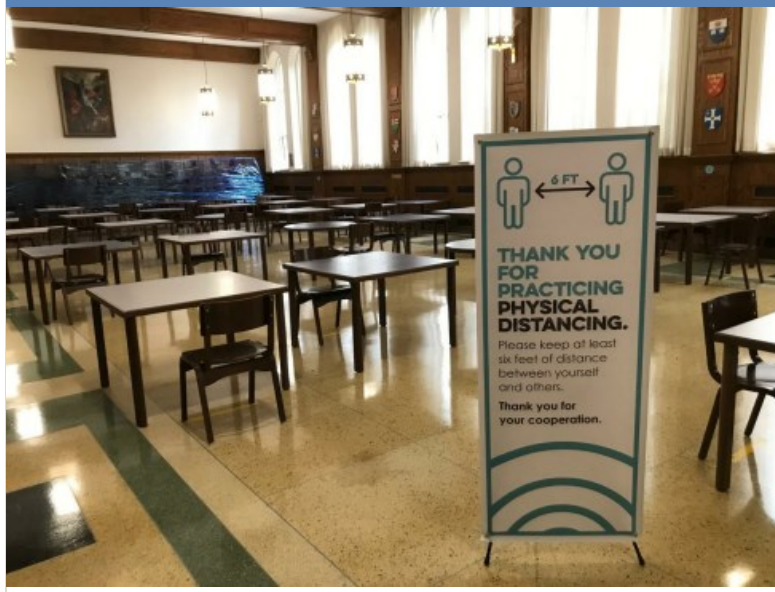
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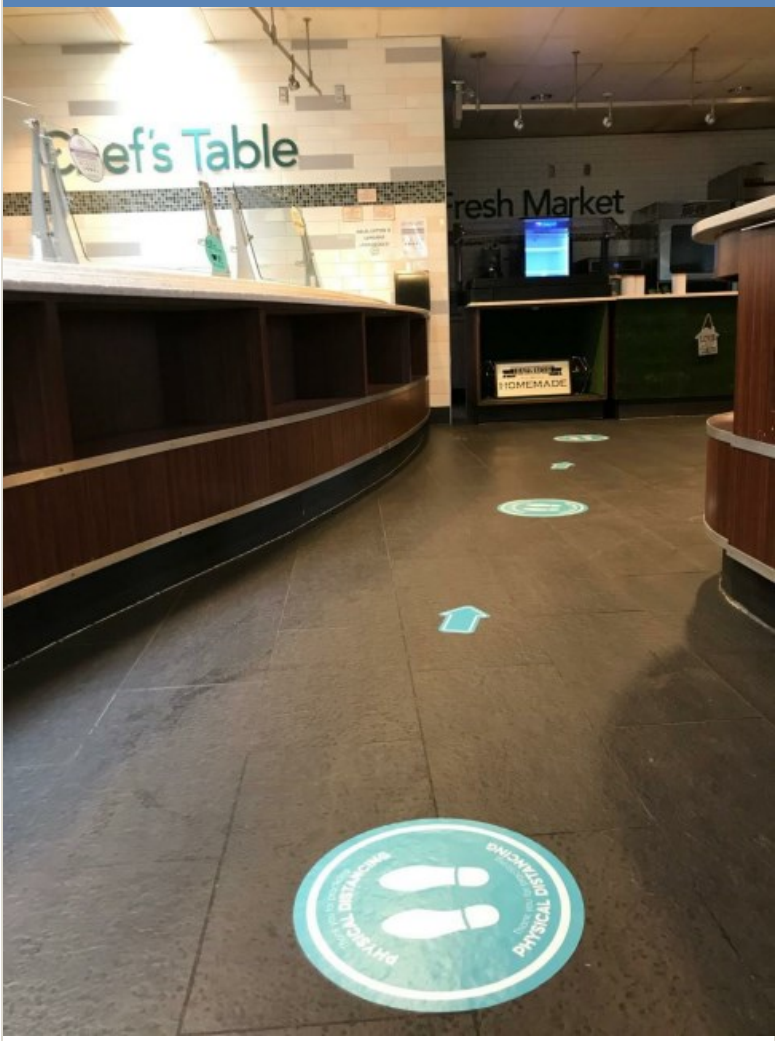
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**COMPASS GROUP**

### ASSOCIATE DAILY HEALTH QUESTIONNAIRE

NAME : \_\_\_\_\_ POSITION : \_\_\_\_\_  
 COMPASS UNIT NUMBER: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

1. HAVE YOU RECENTLY TRAVELED OUTSIDE OF CANADA (WITHIN THE LAST 14 DAYS)?

YES, I ARRIVED BACK IN CANADA WITHIN THE LAST 14 DAYS.

NO, I HAVE NOT TRAVELED OUTSIDE OF CANADA IN THE LAST 14 DAYS. ANYONE WHO HAS RECENTLY RETURNED TO CANADA IS REQUIRED UNDER THE **QUARANTINE ACT** TO ISOLATE THEMSELVES FOR 14 DAYS.

2. HAVE YOU HAD CONTACT WITH A LABORATORY CONFIRMED CASE OF COVID-19, OR A PRESUMPTIVE CASE OF COVID-19 WITHIN THE LAST 14 DAYS?

YES, I AM CURRENTLY LIVING WITH SOMEONE WHO HAS BEEN CONFIRMED OR PRESUMED TO HAVE COVID-19 (FAMILY MEMBER, ROOMMATE, DEPENDENT).

YES, I HAVE BEEN MADE AWARE THAT I WAS WITHIN 6FT OF A CONFIRMED OR PRESUMPTIVE CASE FOR A PROLONGED PERIOD (IN A WAITING ROOM, CLASSROOM ETC.) WITHIN THE LAST 14 DAYS.

NO, I AM NOT AWARE OF BEING IN CONTACT WITH ANYONE WHO IS CONFIRMED TO HAVE COVID-19.

3. DO YOU HAVE A FEVER (GREATER THAN 100.4F OR 38.0C) OR SYMPTOMS OF LOWER RESPIRATORY ILLNESS SUCH AS COUGH, SHORTNESS OF BREATH, OR DIFFICULTY BREATHING?

YES, I HAVE A  FEVER  NEW COUGH  SHORTNESS OF BREATH/ DIFFICULTY BREATHING

NO, I DO NOT HAVE A FEVER OR SYMPTOM(S)

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU MUST COMPLY WITH LOCAL PUBLIC HEALTH GUIDELINES. CONTACT YOUR MANAGER FOR FURTHER INSTRUCTION.

I ACKNOWLEDGE THAT THE INFORMATION THAT I HAVE PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 \_\_\_\_\_  
 MANAGER ACKNOWLEDGEMENT

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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