

## “COVID-19” Inspection Check List

Inspection Date \_\_\_\_\_

1. Factory Name and Address

\_\_\_\_\_

2. BGMEA Registration Number \_\_\_\_\_ Total Number of Workers \_\_\_\_\_

Number of Attended Workers \_\_\_\_\_ (Percentage \_\_\_\_\_%)

3. Whether do workers wear masks or not?  YES /  NO

4. Whether do workers have arrangement to wash hands by sanitizer or soap?  YES /  NO

5. When entering the factory, were feet washed or not?  YES /  NO

6. When entering the factory, temperature was measured by thermometer or not?  YES /  NO

7. Was social distance maintained in the factory or not?  YES /  NO

8. Have factory workers' health condition, safety and cleanliness secured or not?  YES /  NO

9. Comments:

Inspector's name and Signature

Factory Authority's name, mobile number and Seal

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