

COVID-19 Safety Plan Acknowledgement Form

This form is for use by supporting ministries, activity organisers, and external group.

Details of activity	Description: Location: Date/time:
Details of person responsible for monitoring compliance with the COVID-19 Safety Plan (must be physically present throughout activity)	Name: Phone: Email:
What special risk factors are relevant to your activity, for example at-risk people?	
How to you intend to remove or mitigate these risks?	

By completing this form, you agree to comply with the COVID-19 Safety Plan. This includes:

- Monitoring conduct of your activity and being responsible for everyone complying with the COVID-19 Safety Plan.
- Basic cleaning and wiping down surfaces with disinfectant wipes on completion of your activity.
- Use of the Contact Tracing Register.

If you have any concerns or questions, please contact (04) 380 7174.

When completed, please return form electronically to admin@peninsulaparish.nz