

COVID – Safe Worksite

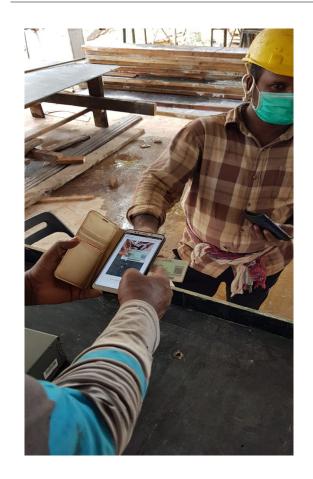
COVID-安全工地

RECONSTRUCTION OF AN EXISTING 3-STOREY SEMI-DETACHED DWELLING HOUSE WITH AN ATTIC AND BASEMENT

重建带阁楼和地下室的三层半独立式洋房



The Entrance — SafeEntry (NRIC) 入口—SafeEntry (使用身份证)



SMO to obtain and keep the contact particulars of every individual before allowing entry to and exit on top of the Use of national digital check-in system SafeEntry(NRIC) to record all entries and exits.

在允许进入和退出之前,SMO(安全管理人员)除了使用国家数字登记系统 SafeEntry (使用身份证)记录所有的进入和退出以外,还会获取并保留每个人的详细联系信息。



COVID - Safe Worksite COVID - 安全工地 Control Access 控制访问

SMO to obtain and keep the contact particulars of every individual before allowing entry to and exit on top of the Use of national digital check-in system **SafeEntry** to record all entries and exits. All Employees / visitors to declare and pass the COVID Declaration before entry. Contactless thermometer to be use for temperature monitoring.

在允许进入和退出之前,SMO(安全管理人员)除了使用国家数字登记系统 SafeEntry(使用身份证)记录所有的进入和退出以外,还会获取并保留每个人的详细联系信息。所有员工/访客在进入前都要声明并通过COVID声明。非接触式温度计可用于体温监控。







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Posters / infographics in different languages at designated entrances and exits to update and remind employees / visitors on rules of safe distancing and good practices to upkeep before entering and upon leaving workplace.

Provision of hand sanitiser for cleaning and sanitising of hands at entry and exits.

在指定的入口和出口使用不同语言的海报/信息图,以更新并提醒员工/访客安全距离的规则以及进入和离开工作场所之前应做好的良好做法。

提供手部消毒剂,以清洁和消毒入口和出口处的访客双手。









Workplace Planning and Utilization 工作场所规划与利用

Review of maximum workplace capacity for zone, scheduling of works within zones to ensure safe distancing of at least 1m spacing and restriction of entry into overcrowding zones

审查区域的最大工作空间,安排区域内的工作进度,以确保至少1m的安全距离,并限制进入过于拥挤的区域













Workplace Planning and Utilization 工作场所规划与利用

Movement Restriction for all the workers. Different colour code will be implemented for every zone to control the workers movement at worksite.

行动限制所有的工人。将为每 个区域实施不同的颜色代码, 以控制工人在工作场所的移动。











Workplace Planning and Utilization 工作场所规划与利用





Floor marking / table marking / seat marking using easy visible indicator i.e. red tapes for safe distancing of at least 1m spacing









地板标记/桌子标记/座位标记使用 易于看见的指示器, 比如红色胶带确保 至少1m的距离



COVID - Safe Worksite COVID -安全工地 Evacuation Plan 疏散计划





- Any personnel who is feeling unwell or showing symptoms of illness should report to his supervisor, leave the workplace and consult a doctor immediately, even if symptoms may appear mild. Supervisor to coordinate for transportation to send to appointed clinic / hospital.
- For incapacitated or unconscious individuals, employers must clear the area of other personnel and administer aid immediately. Employers should call 995 for an emergency ambulance to ferry them to the nearest hospital and SMO to track and record these cases.
- 何感到不适或出现疾病症状的人员都应向其主管汇报,离开工作场所并立即就医,即使症状可能很轻微也是如此。主管协调交通送往指定诊所/医院。
- 对于丧失能力或失去知觉的个人, 雇主必须清除这个区域的其他人员 的并立即进行援助。雇主应致电 995紧急救护车将他们运送到最近 的医院,并由SMO(安全管理人员) 跟踪和记录这些案件。



<u>COVID – Safe</u> <u>Worksite</u>

COVID-安全工地

Documentation

Daily Transport Report

文档 每日交通报告

JIN QUEK INTERIOR PTE LTD

DAILY TRANSPORT REPORT

Driver or

Fin/ NRIC No.

Mobile No.

Start Work

End Work

No. Vehicle Plate No.

Full Name

140.	venicie i late 140.	Tun Nume	Diliver of	Tilly Milicito.	Wiobiic No.	Start Work	Elia Work
			Woker			Arrival time (H:MM	Departure time
			(D or W)			AM/PM)	(H:MM AM/PM)
						,	(
Date	:						
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Date	:						
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Documentation

Tool Box Meeting

文档 工具箱会议

Tool Box Meeting Attendance Record / 安全会议记录

This toolbox meeting attendance record must be administered daily as and when you and your workers work on site. I 任何一日,只要有工人在工地里工作,其工长都当执行安全会议并作记录。

Project / 项目:				Trade /	职业:				
Subcontractor / 分	}包商:			Site Su	pervisor / 🛚	工长名称:			
Duration of work	/工作时期:	From (date) / 升	·工日期:			To (date) / 完工日期:		
S/No.	Name / 姓名		Mon	Tue	Wed	Thu	Fri	Sat	Sun
编号		Date / 日期							
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									Υ.
18									
19									
20									
21									
22									
23									
If Sick mu	st inform SM0	o							
Social Sat	Social Safe Distancing 1.0m between worker								
Different (Groups of Wo	rker cannot mix to	gether						
Must work	within their a	illocated Zone							
Must upda	ate SMO if wa	int to go Toilet Or	work in D	ifferent Zon	ie				
Must eat a	at Designated	Zone							



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Documentation

Worksite Visitors Entry

文档

WORKSITE VISITORS / WORKERS ENTRY LOG (DAILY)

s/N	Date 日期	Name / 名字	Company / 公司	Tel / 电话	体温	Travel History I <u>Have not been</u> to ANY COUNTIRES in the last 14 days 14 天內,是否 有到过任何一个	Are you issued with Stay Home Notice, Leave of Absence Notice 您有被官方需 遵从隔离令与缺席假?	Any symptoms of fever, breathlessness, cough, runny ness, in the last 14 days (Y/N) 前 14 天是否有 出现发烧.气喘 咳嗽.伤风	l agree to abide strictly to safe distancing measures (Signature) 我答应遵从 1 米 安全距离
01						YES / NO	YES / NO	YES / NO	
02						YES / NO	YES / NO	YES / NO	
03						YES / NO	YES / NO	YES / NO	
04						YES / NO	YES / NO	YES / NO	
05						YES / NO	YES / NO	YES / NO	
06						YES / NO	YES / NO	YES / NO	
07						YES / NO	YES / NO	YES / NO	
08						YES / NO	YES / NO	YES / NO	
09						YES / NO	YES / NO	YES / NO	
10						YES / NO	YES / NO	YES / NO	
11						YES / NO	YES / NO	YES / NO	
12						YES / NO	YES / NO	YES / NO	
13						YES / NO	YES / NO	YES / NO	
14						YES / NO	YES / NO	YES / NO	



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Documentation

Declaration

文档

EMPLOYEES / SUB CON WORKERS DECLARATION FORM

Employees must submit the following declarations to Employers:

s/N	Date 日期	Name	Company	Tel	Travel History I Have not been to ANY COUNTIRES in the last 14 days 14 夫內,是否有到过任何一个国家	Are you issued with Stay Home Notice, Leave of Absence Notice 您有被官方需遵从隔离令与缺席假?	Any symptoms of fever, breathlessness, cough, runny nose, in the last 14 days (Y/N) 前 14 天是否有 出发烧,气喘咳嗽,伤风	I do not have close contact of individuals serving quarantine order or confirmed cases of COVID -19. 我不曾和被令隔离令人员及冠状病毒有近距离接触	Signature
01					YES / NO	YES / NO	YES / NO	YES / NO	
02					YES / NO	YES / NO	YES / NO	YES / NO	
03					YES / NO	YES / NO	YES / NO	YES / NO	
04					YES / NO	YES / NO	YES / NO	YES / NO	
05					YES / NO	YES / NO	YES / NO	YES / NO	
06					YES / NO	YES / NO	YES / NO	YES / NO	
07					YES / NO	YES / NO	YES / NO	YES / NO	
08					YES / NO	YES / NO	YES / NO	YES / NO	



Documentation

Dormitory Movement Control

文档 宿舍工人行动记录

Dormitory Movement Control Form

Date / 日期	Name / 名字	Purpose for Leaving the Dormitory premises / quarters 离开宿舍原因	Intended Destination 前往地点	Any symptoms of fever, breathlessness, cough, runny nose, in the last 14 days (Y/N)前 14 天是否有出现发烧,气喘,咳嗽,伤风	I agree to abide strictly to safe distancing measures (Signature) 我答应遵从 1 米安全距 离	Time Out 时间踏出宿舍	Time In 时间回到宿舍



Evacuation Plan 疏散计划

When there's a Worker infected or show symptoms of COVID virus

SMO to immediately vacate and cordon-off the immediate section of the workplace premises where the confirmed case worked. The team that the confirmed worker belongs to should be put into isolation.

- Contact Ambulance at 995 for An Emergency Ambulance to the nearest Hospital
- Contact Sub Con Employer.
- . To STOP All Work at site.
- Gather All Workers and take Temperature. Do not allow Any worker to leave the site.
- Inform Authorities e.g. NEA, MOH. Confirm that All Workers at site show no symptoms or feeling unwell.
- Disinfect the worksite thoroughly.
- Contact Immediately the Authorities. E.g. MOH 1800-333 9999, BCA 1800-3425222
- Builder to inform BCA 1800-3425222 of any confirmed cases.

Step	Point of contact (when worker is not feeling well)	Contact Person
1	Unwell worker to inform Main Builder Site Foreman	SMO Alagan Balasubramanian (Balu) 8303
2	Unwell worker to be sent to sick bay or for isolation. Foreman to inform project management team i.e. SE PM, CM	Managing Director Mr. Jin Quek 96714
3	Unwell worker to be sent to PHPC registered clinic	VISTA MEDICAL CENTRE 3 South Buona Vista Road, #01-30/31, Viva Vista, S118136 Tel 67780822

Follow-up plan for Confirmed Cases

Should the worksite being infected, SMO to STOP All Works at site. And to immediately vacate and cordon-off the immediate section of the workplace premises where the confirmed case worked. The team that the confirmed worker belongs to should be put into isolation.

- Builder to carry out a thorough cleaning and disinfect entire site, in accordance with NEA guidelines. NEA hotline 6225-5632
- Builder to inform BCA 1800-3425222 of any confirmed cases.
- There is no need to vacate the building or the whole floor if there is no sustained and close contact with the confirmed case;
- Carry out a thorough cleaning and disinfect all relevant on-site areas and assets exposed to confirmed cases, in accordance to NEA guidelines.
- Site Management Officer shall gather only relevant Personnel E.g. Main Builder, PEST Control Company or Approved Cleaning Contractors. To carry out thorough cleaning of the Worksite.

S/N	Area Cleaned	Yes / No	Timing	Remarks
1	Level 1			
2	Level 2			
3	Level 3			
4				
5				
6				
7				

Upon Completion of Disinfect or Cleaning. SMO or Project Manager shall walk 1 round and check All Areas cleaned and up to satisfactory standard.