Company Name

COVID-19 Safety Meeting Sign-Up Sheet

This is to certify that the employees listed below were advised of all required COVID-19 Protocols including having their temperature taken prior to beginning the work shift.

Date: _____

Supervisor: _____

Employee Name:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____