

# COVID-19 INDIVIDUAL RISK ASSESSMENT

## Scrutineers

**This document has been produced to comply with advice from QLD Department of Health and is subject to change.**

This document is to be completed by scrutineers appointed by candidates to represent them at early voting, mobile voting, polling booths and scrutiny centres in the Torres Strait region during the 2020 TSRA Election.

The below questionnaire and self-risk assessment is to be emailed to [TSRA@aec.gov.au](mailto:TSRA@aec.gov.au) or given to the Returning Officer.

## Section 1: Risk management questionnaire

<b>Name:</b>	
<b>Telephone/mobile:</b>	
<b>Email:</b>	
<b>Locations to visit:</b> <i>Will you be visiting a polling booth; early voting centre; mobile voting or the scrutiny centre? Please specify including locations</i>	
<b>Name of Candidate:</b>	

COVID-19 Risk Management Plan	Yes	No
Have you read and understood the <a href="#">COVID-19 WHS Service Plan</a> ?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read and understood the <a href="#">COVID-19 General guidelines</a> document?	<input type="checkbox"/>	<input type="checkbox"/>
Workplace social distancing	Yes	No
Will you maintain social distancing where possible, at all times? Including at mobile voting locations, accommodation and meal areas, in the community and during travel?	<input type="checkbox"/>	<input type="checkbox"/>

Will you limit all contact with members of the community, where possible?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hygiene measures</b>	<b>Yes</b>	<b>No</b>
Do you agree to follow the hygiene and cleaning protocols, as outlined in the documents titled COVID-19 WHS Service Plan and COVID-19 General guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Monitoring and identification of sick scrutineers</b>	<b>Yes</b>	<b>No</b>
Have you read and understood the information on COVID-19 symptoms, available at <a href="#">Novel-coronavirus symptoms?</a>	<input type="checkbox"/>	<input type="checkbox"/>
Have you read and understood the information on how to protect yourself and others from COVID-19 available at <a href="#">Coronavirus prevention?</a>	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you are to self-isolate if you feel unwell?	<input type="checkbox"/>	<input type="checkbox"/>
Will you notify your candidate if you are unwell?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Monitoring and identification of sick scrutineers</b>		
If you have answered 'No' to any of the above questions please provide further information:		

## Section 2: Self-risk assessment

Self-risk assessment		Yes	No
1. In the past 14 days, have you been outside of Australia? (If yes, you are not allowed to travel)		<input type="checkbox"/>	<input type="checkbox"/>
2. In the past 14 days, have you returned from interstate travel?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, which state/territory?			
3. To your knowledge, in the past 14 days have you been in close contact with any person who has been diagnosed with COVID-19, without adequate protective measures?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details:			
4. To your knowledge, in the past 14 days have you been in close contact with anyone who has recently returned from overseas?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details (including any protective measures taken)			
5. Do you have a fever of 38 degrees or above?		<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a cough, shortness of breath or other symptoms of acute respiratory infection?		<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been isolated for the past 14 days?		<input type="checkbox"/>	<input type="checkbox"/>
Declaration			
SCRUTINEER NAME:			
SCRUTINEER SIGNATURE:		DATE:	
<i>Emailing this document to <a href="mailto:TSRA@aec.gov.au">TSRA@aec.gov.au</a> will be acceptable in place of a signature.</i>			
RETURNING OFFICER NAME:			
RETURNING OFFICER SIGNATURE:		DATE:	