

Attachment iv – In-Person Training Approval Checklist

Region:	Zone:		
Corps/Sqn:	Corps/Sqn Location:		
Corps/Sqn CO:	Name of Facility:		
Facility	Yes	No	Details:
What is the location type that the corps/sqn utilizes for their in-person training? I.e. DND Facility, School, Church, Rec Center, Municipal Facility, Legion etc.			
Has the corps/sqn confirmed with the landlord or owner that the facility may be utilized?			
Is there an increased cost to use the facility due to COVID-19?			
Has the corps/sqn completed a recce of the facility?			
Does the landlord or owner of the facility require one of their employees to be present while the facility is in use?			
What is the maximum number of participants that can access the facility during the corps/sqn training session?			
Is the facility shared with any other user groups?			
If the facility is being used by another group, will it be cleaned prior to corps/sqn using it? Will that affect the time it is available for use?			
Does the facility require additional cleaning protocols to be completed by the corps/sqn?			
Protocols & Safety Procedures	Yes	No	Remarks:
Has the corps/sqn identified a COVID-19 Safety Officer?			
Have the TOR for the COVID-19 Safety Officer been reviewed and signed by the individual?			
Has a protocol for safe cleaning and disinfecting procedure been documented for high touch areas, desk space, and classroom space?			
Has classroom space been assessed and adequate space planned to allow for participants to social distance?			
Has hallway space been assessed and planned to allow for traffic in one direction if possible?			
Have out-of-bound areas and accessible areas been established?			
Protocols & Safety Procedures, cont.	Yes	No	Remarks:
Has the screening area to complete in-routine (screening, attendance, NMM verification, hand sanitizing) plan been established and communicated to all corps/sqn staff?			
Is there a way for new recruits and family members to gather and socially distance while they are registering?			
Do office/work spaces need to be adjusted to ensure physical distancing?			
If people can drink directly from the water fountain, has a sanitization protocol been established?			

Signage		Yes	No	Remarks:
Has signage been placed in the facility? For example: Physical distancing, Hand Sanitizing, Daily Cleaning, and Face Mask been put up in appropriate locations?				
Has signage been placed in the facility for floor markings and/or signage posted (temporary) to maintain the 2-meter distancing, where feasible?				
Have directional arrows been installed (temporary) to restrict 2-way traffic, where feasible? Taking into consideration emergency exits, egresses and traffic flow in case of an emergency.				
Are procedures and signage in place to restrict personnel from gathering (break rooms, conference rooms)?				
Is the capacity of the building/classroom clearly marked in order to maintain 2-metre distancing?				
Training & Equipment		Yes	No	Remarks:
Have all CIC officers, CIs and Civilian Volunteers completed their COVID-19 Awareness Course?				
Are all cadets and adult staff / volunteers at the corps/sqn in possession of NMM? If someone does not have a NMM and there are none available for issue then they must not be permitted to participate in the activity. Note: If not yet issued NMMs, cadets and staff may bring their own.				
Has the COVID-19 Aide-Memoire been sent to every cadet?				
Has every cadet been contacted by a corps/sqn staff member to go over COVID-19 protocols and to ensure they do not have any questions?				
Is the corps/sqn in possession of required cleaning supplies? Bleach, Spray bottle, Clean rag/paper towel, Latex / Nitrate gloves, Hand Sanitizer.				
Personnel		Yes	No	Remarks:
Are there concerns related to staff at the corps/sqn in terms of business resumption (don't include personal information)? Concerns may be related to health, work, family responsibilities, etc.				
Have participation limitations (PLs) for cadets in Fortress been checked and cadets that are not able to parade in person been informed?				
Notes:				
Approval:		Name:		Signature:
Corps/Sqn CO Recommendation (through ZTO)				
Area OIC Recommendation				
CO RCSU Approval				