BEFORE YOU START

My daily hygiene check

Name: _____ **Date:** _____

- [ ]  My work clothes or uniform are clean
- [ ]  I have washed my hands
- [ ]  Any cuts or sores are covered
- [ ]  My hair is tied back or covered where my role needs it
- [ ]  Jewellery is off where my role needs it
- [ ]  I feel well enough to work