

PROTECT

mani
change**for**good



YOUR SAFETY IS OUR UTMOST PRIORITY

We are taking necessary steps to ensure the safety of our employees, guests, associates and community.

“Protect” is a program which will be an all-encompassing attempt to ensure that we align our protocols, mall and office procedure, processes and operations to instill a heightened sense of safety, security, comfort and consistency in our guests, shoppers, associates and all employees.

All new protocols have been generated with advice of experts.

ARRIVAL

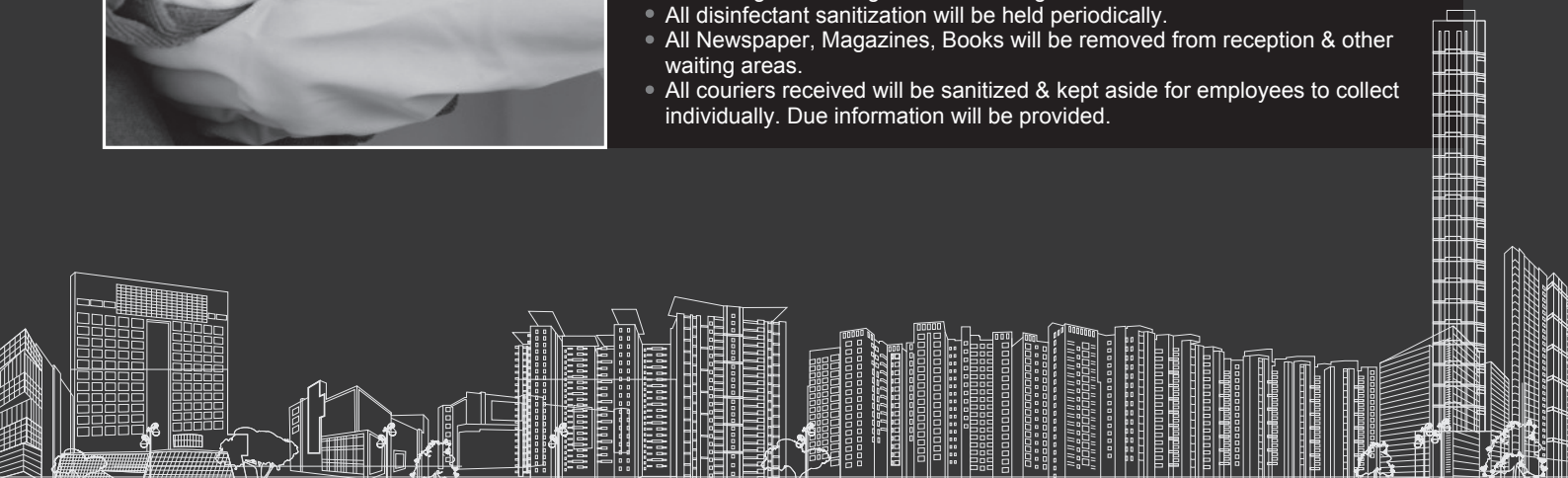
- All employees will have to download Aroyga Setu App and be green to enter premises.
- All employees to maintain a minimum distance of 1 meter at all points for social distancing.
- Temperature checks will be done for all employees and visitors.
- Drivers for all vehicles, appointed for employees pickup will follow all the new guidelines including wearing gloves and masks and all cars will have tissues and sanitizers as a mandate.
- Employees will have to wear masks while in the premises during office hours.
- Aesthetic markings on the floor of the elevator will be used to indicate standing positions.
- All usable areas inside the office premises will be sanitized as per guidelines.
- Hand sanitization stations will be available at entry points, 70% alcohol liquid based sanitizer to be used for hand sanitization. Rest employees should ensure their self hygiene.



OFFICE RULES AND VISITORS

General Sanitization protocols :

- All tables will be sanitized and maintain a minimum distance of 6 feet.
- Else HR/ADMIN department should be contracted for alternative seating.
- All stationery, surfaces and amenities will be sanitized as per use.
- Hand sanitizer will be kept at entry point.
- Fresh air systems will be turned on 30 minutes in advance to ensure good ventilation.
- All visitors must undergo the same temperature check as the employee along with the other processes for admission inside the premises.
- All visitors will need to wear masks while at the premises.
- Meetings will be at maximum 50% capacity with social distancing followed.
- Use of digital meetings to be encouraged.
- All disinfectant sanitization will be held periodically.
- All Newspaper, Magazines, Books will be removed from reception & other waiting areas.
- All couriers received will be sanitized & kept aside for employees to collect individually. Due information will be provided.



FIT FOR DUTY SCREENING QUESTIONNAIRE

The information in this questionnaire shall be disclosed and used solely for the purpose of determining the host's ability to report for duty and to ensure that we provide a safe and healthy environment for everyone during this period.

Name: _____ Date: _____

Select the appropriate box: Visitor Employee External Contractor

Employee ID: _____ Job Title: _____ Worksite: _____

Address: _____

Location of Identification: _____

RISK ASSESSMENT: SCREENING QUESTIONS

1	Do you have any of the following symptoms which are new or have worsened if associated with allergies, chronic or pre-existing conditions:		
	Fever	Yes	No
	Cough / sore throat	Yes	No
	Cold / runny nose	Yes	No
	Shortness of breath / having difficulty in breathing or	Yes	No
	Diarrhea	Yes	No
2	Do you have any history of travel outside the country/state in the past 14 days?	Yes	No
	If YES, specify which country/state : _____		
	Dates of travel: _____		

WHILE OUTSIDE OF DUTY DURING THE ENHANCED COMMUNITY QUARANTINE:

3	Did you have close contact* with someone who has a probable or confirmed case of COVID-19?	Yes	No
	If yes, when was the last contact: _____		
	Who & when did you inform in the office admin dept.: _____		
4	Did you have close contact* with a person who exhibited similar symptoms mentioned above which started within 14 days of their close contact* with someone with a probable or confirmed case of COVID-19?	Yes	No
5	Did you have close contact* with a person who exhibited similar symptoms mentioned above and has travelled (local and international) within 14 days before they became sick?	Yes	No

*Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended personal protective equipment.

If you answer "YES" to 1 and 2, you are not permitted to report to work at this time and must subject yourself to self-isolation for 14 days starting today.

If you answer "YES" to any from 3, 4 and 5 and your last exposure is:

- less than 14 days you are not permitted to report to work at this time and must subject yourself to self-isolation for 14 days starting today.
- more than 14 days and without symptoms you will be allowed to go to work.

If you answer "NO" to all of the above, you can proceed to work. If you start to experience and develop symptoms listed above while at work, PLEASE CONTACT HUMAN RESOURCES RIGHT AWAY.

TRAVEL HISTORY BEFORE RESUMING WORK

● Have you travelled from outside to Kolkata in the last 14 days	Yes	No
● If YES, specify which Place: _____		
● Dates of travel: _____		
● Mode of travel: _____		

HEALTH REMINDERS



CLEAN YOUR HANDS
BEFORE GETTING
BACK TO WORK



SANITIZE YOUR
WORK AREA &
CLEAN YOUR HANDS



AVOID CROWDS &
DON'T GATHER
IN GROUPS



DO NOT SHARE
PERSONAL ITEMS



PLEASE CLEAN
YOUR HANDS
AFTER USING LIFT



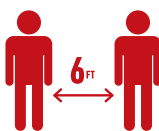
AVOID TOUCHING
EYES, NOSE & MOUTH



WEAR MASK



SANITIZE YOUR
HANDS



KEEP
6 FEET APART



SPITTING COULD
BE DANGEROUS



COVER MOUTH & NOSE WITH
FLEXED ELBOW OR TISSUE
WHEN SNEEZING / COUGHING

Confirmation:

I affirm that all information provided herein are true and correct.

Employee signature over printed name

