



**COVID-19 EMPLOYEE AWARENESS & RESPONSE PLAN STATEMENT**

This is to confirm that I, \_\_\_\_\_, employee of  
(Employee's Full Name)

\_\_\_\_\_, have been fully informed on the new protocols and  
(Company's Name)

Standard Operating Procedures established for \_\_\_\_\_  
(Company's Name)

COVID-19 Awareness & Response Plan to be implemented upon company's reopening.

I, \_\_\_\_\_, understand that I have been issued the  
(Employee's Full Name)

appropriate PPE'S for my job duty's level of exposure. I furthermore attest that I am aware that

I am required to wear my PPE'S at all times during my job performance and work hours.

I, \_\_\_\_\_, have been informed and I am aware of risk of  
(Employee's Full Name)

exposure to COVID-19 in my daily job duties.

\_\_\_\_\_  
(Employee's Signature)

Date: \_\_\_\_\_