



EMPLOYEE TEMPERATURE MONITORING LOG					
Date	Time	Employee Name	Recorded Temperature	Screener Name	Comments

TOUR LOG for XYZ Company						
Date	Time of Tour	Guest Name	Recorded Temperature	Tour Guide Name	Tour Name/Type	Comment

COVID-19 Symptomatic Log								
Date	Guest or Employee Name	Email Address	Emergency Contact Information	Gender/ Age	Symptoms	Place and Time Observed	Names of those in contact with symptomatic guest	Action Taken

SUPPLIER TEMPERATURE MONITORING LOG						
Date	Time	Name of Supplier	Supplier employee name	Recorded Temperature	Screeener Name	Comments

**Business Name**  
**DAILY ATTENDANCE REGISTER**

**Employee Name** \_\_\_\_\_  
**Department:** \_\_\_\_\_

Date	Time arrived	Time out from Tour	Time in from Tour	Time Left	Total Hours Worked	Signature of Employee	Signature of Manager

Reservations and Guest Log				
Date	Guest Name	Email Address	Accommodation Name and Address	Tour

Notes: It is recommended that all logs are signed off by the Tourism Gold Standard Program Manager and department manager