COVID-19 DAILY CHECKLIST

NAME:	DATE:
COMPANY:	TIME:
LOCATION:	

SELF-CERTIFICATION	YES	NO	N/A
Have any employees shown visible signs and symptoms of COVID-19?			
Have all workers and visitors self-certified that they do not have COVID-19 prior to working?			
Have all workers and visitor's temperature have been taken prior to entering the building?			
SANITATION & HYGIENE	YES	NO	N/A
Has routine cleaning been performed on all frequently touched surfaces (workstations, telephones, handrails, doorknobs, etc.)?			
Are cleaning products stocked and readily available for employee use including: disinfectant wipes & EPA approved disinfectant products?			
Are doors propped open, when possible, to avoid repeated contact?			
Is equipment including forklifts, ladders, etc., sanitized after each use?			
PERSONAL HYGIENE	YES	NO	N/A
Are tissues stocked and readily available for employee use?			
Are trash receptacles available and regularly emptied?			
Is soap available and placed near every sink and bathroom?			
Is alcohol based sanitizer that is at least 60% alcohol provided and placed in multiple convenient places?			
Is hand hygiene procedures posted in bathrooms to remind employees to wash hands safely?			
SOCIAL DISTANCING	YES	NO	N/A
Are employees remaining at least 6 ft away while in the workplace?			
	YES	NO	NI / A
PERSONAL PROTECTIVE EQUIPMENT Are all employees wearing face masks while in the workplace?	IEJ	UN	N/A
Are facemasks and gloves stocked and available for employee use?			



SIGNATURE: _____