

COVID-19 SITE PROGRAM CHECKLIST

NAME: _____

DATE: _____

COMPANY: _____

TIME: _____

LOCATION: _____

COVID-19 COORDINATOR

YES NO N/A

Has a COVID-19 Coordinator been selected for each worksite?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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List name(s) of Pandemic Safety Officer:

PROCESS & PROCEDURES

YES NO N/A

Have employees been given a copy of the COVID-19 Program?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Have employees been briefed on the workplace controls that are in place?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are employees aware of the symptoms of COVID-19?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Have employees been instructed to stay home if they are sick?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SELF CERTIFICATION

YES NO N/A

Is there a system in place for all employees and visitors to self-certify that they do not have COVID-19 symptoms?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Is there a system in place to check all employees and employee's temperature as they enter the building (if required)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Is there a system in place to inform employees who may have been potentially exposed to COVID-19 while maintaining confidentiality?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SANITATION & HYGIENE

YES NO N/A

Has routine cleaning been performed on all frequently touched surfaces (workstations, telephones, handrails, doorknobs, etc.)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Have specific cleaning procedures been developed to prevent damage to equipment?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are EPA-approved products being used for disinfectant?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are disposable wipes provided for employee use on commonly used surfaces?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are doors propped open when possible to avoid repeated contact?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are employees instructed to wipe down the interior grab bars, steering wheel, control knobs with disinfectant wipes prior to use and wash their hands after using equipment?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SANITATION & HYGIENE CONT.

List company specific areas that need to be wiped down regularly or before/after each use:

PERSONAL HYGIENE

	YES	NO	N/A
Are tissues and no-touch disposal receptacles provided to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is soap and water provided near every bathroom and sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there alcohol based sanitizer that is at least 60% alcohol provided and placed in multiple convenient places?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees instructed to wash their hands once per hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are posters hung to encourage hand hygiene?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL DISTANCING

	YES	NO	N/A
For interior work, are occupant levels determined and enforced? (2,000 ft ² = 4 workers plus 1 worker for each 500 ft. ²) None for exterior. Number of workers allowed inside for this project = _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the work schedule modified to promote social distancing including (start/stop times, break times, and lunch times)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have large gathering areas have been eliminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees encouraged to drive to the workplace in a single occupant vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are meetings limited to 10 people or held via conference calls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL PROTECTIVE EQUIPMENT (PPE)

	YES	NO	N/A
Are all employees are wearing face masks while in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there adequate supplies of face masks or respirators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees instructed not to share face masks or respirators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees washing hands thoroughly after removing Personal Protective Equipment and prior to leaving the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE: _____