## **COVID-19 Supervisor Inspection Checklist**

This checklist is used to aid in ensuring the health and well-being of employees and availability of all listed applicable measures, and to identify measures not applicable for implementation. Continually monitor and check the CDC website for current data and changing conditions, recommendations, and requirements.

Name:			Date:			
Company:						
	Copies of	this Protocol have been distributed to all employees.				
	Distancing Protocol must be posted at each public entrance to the facility and at all 'choke points' and					
high-risk areas such as hallways, elevators, break areas, etc.						
Signage must be posted at each entrance that informs all entrants that they must:						
	not enter the facility if they have a cough or fever;					
	maintain a minimum six-foot distance from one another;					
	sneeze and cough into a cloth or tissue, or if not available, into one's elbow;					
	not shake	not shake hands or engage in any unnecessary physical contact.				
Corrective						
for Deficie		at Employee Health (Escility)				
	s to Protect Employee Health (Facility)					
	Everyone who can carry out their work duties from home has been directed to do so.					
	All employees have been told not to come to work if sick.					
	Symptom checks are being conducted before employees may enter the workspace.					
		vities are separated by at least six (6) feet.				
	Daily Attendance Log is being maintained.					
	Break rooms, bathrooms, handles, desks, phones, switches, and other commonly touched surfaces are being disinfected frequently.					
	Corrective Actions for Deficiencies:					
		lelines are Being Followed by All Workers:				
	-	are routinely washing hands with soap and water and/or hand sanitized	zer.			
	No handshaking – use other noncontact methods of greeting.					
	Gloves and face coverings are being worn to reduce risk of infectious exposure as deemed appropriate for job tasks.			med		
		s and work areas are routinely cleaned.				
		hing is avoided.				
	Workers a	are covering coughs and sneezes.				
	Phone-to-	face contact is avoided.				
	Workers are asked daily if they are sick or have someone at home that is sick. If YES, steps outlined in the Exposure Control Plan are being followed.					
		n is increased in work areas by opening windows or adjusting air co	nditioning	g.		
Corrective Actions for Deficiencies:						

## Meetings and Work Areas - Measures to Prevent Crowds from Gathering

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	Social distancing is maintained at a minimum six (6) foot distance from others.		
	Phones or other electronic methods such as video chat are being utilized to communicate or conduct meetings rather than engaging in face-to-face conversations.		
	Sitting and/or working in close proximity to others is being avoided.		
	Close contact with people who are sick and/or showing symptoms are avoided.		
	Worker density is limited where workers are forced to stand together in 'choke points' and high-risk		
	areas such as in hallways, hoists and elevators, break areas, and buses.		
	Interactions when picking up or delivering equipment or materials are minimized by maintaining a		
	minimum six (6) foot separation.		
Corrective	Actions		
for Deficie	cies:		
Food Handling			

	Employees are washing hands before eating food.		
	Employees are not sharing food.		
	mployees are eating separately and maintaining social distancing of at least six (6) feet from others ather than congregating in groups.		
Corrective for Deficie			

## Supplies

Soap and water, hand sanitizer, disinfectant, and related supplies are available to all employees at the following location(s):

	Break rooms
	Restrooms
	Other:
Corrective Actions	
for Deficie	ncies:

## **Inventory of Available Supplies**

An adequate inventory of each item must be maintained for employee use. Monitor supply usage to identify replacement schedule. Any time an item gets low request replenishment supplies.

	Disinfectant spray and paper towels		
	Disinfectant wipes		
	Hand sanitizer		
	Respirators, face masks, face coverings, face shields		
	Gloves		
Corrective Actions for Deficiencies:			

Supervisor Signature:

Date: