COVID-19 Return to Work Exposure

Control Plan – Checklist

<Date>

<Company>

<Jobsite Name and Address>

<COVID-19 Response Team Member Completing Checklist Name and Mobile Phone Number>

**CHECKLIST:**

\_\_\_ COVID-19 Response Team Established

\_\_\_ Responsibilities Communicated/Understood

\_\_\_ Local Critical Industries Requirements

 Considered

\_\_\_ Owner, GC, CM, etc. Requirements Considered

\_\_\_ Most Current CDC Guidelines Considered

\_\_\_ Exposure Control Plan Tailored Accordingly

\_\_\_ Jobsite Screening Questionnaire Tailored

\_\_\_ Prior to Return Jobsite Screening Performed

\_\_\_ Employee Confidentiality Requirements

 Established

\_\_\_ COVID-19 Screening Questionnaire Tailored

\_\_\_ Prior to Return Employee Screening Performed

\_\_\_ Legal Counsel Consulted Re: <Daily> Screening

\_\_\_ Thermometer/Thermometer Parts Supply

 Adequate

\_\_\_ 3rd Party Screener Identified/Retained

\_\_\_ Another Screener Identified/Trained

\_\_\_ Screener Properly Supplied & PPE Outfitted

\_\_\_ <Daily> Employee Screening Established

\_\_\_ <Daily> Employee Screening Documented

\_\_\_ Visitor Protocol Communicated

\_\_\_ Material Delivery-Ship/Rec. Protocol

 Communicated

\_\_\_ Jobsite Communication Established

\_\_\_ Supervisor Training Completed

\_\_\_ All Other Employees’ Training Completed

\_\_\_ Hand Washing/Sanitizing Means Established

\_\_\_ Adequate Supply of Soap/Sanitizer on Site

\_\_\_ Social Distancing Enforcement Protocol Established

\_\_\_ Cloth Face Coverings/Surgical Masks Supply

 Adequate

\_\_\_ Cloth Face Coverings/Surgical Mask Cleaning

 Protocol Established

\_\_\_ Face Shield Supply Adequate

\_\_\_ Safety Glasses Supply Adequate

\_\_\_ Safety Goggles Supply Adequate

\_\_\_ Nitrile Gloves Supply Adequate

\_\_\_ Protective Suit/Coverall Supply Adequate

\_\_\_ Cut-resistant Work Glove Supply Adequate

\_\_\_ Splash-Proof Face Shield Supply Adequate

\_\_\_ Liquid-repellant Coverall Supply Adequate

\_\_\_ Rubber Outer Glove Supply Adequate

\_\_\_ N95/Approved Equivalent Supply Adequate

\_\_\_ N95/Approved Equivalent Locked Up/Secured

\_\_\_ Rubber Boots Supply Adequate

\_\_\_ Surfaces Disinfectant Supply Adequate

\_\_\_ Tool Cleaning Soap Supply Adequate

\_\_\_ Tool Cleaning Disinfectant Supply Adequate

\_\_\_ PPE Decontamination Bag Supply Adequate

\_\_\_ Subcontractors’ Requirements Communicated

\_\_\_ Subcontractors Provided with Copy of Plan

\_\_\_ Subcontractors Completed Plan Approved

\_\_\_ Labor Counsel Consulted Re: Bargaining

\_\_\_ Bargaining Agent Consulted

\_\_\_ Bargaining Unit Workers’ Rep Notified