COVID-19 Jobsite Screening Questionnaire

**<COMPANY LETTERHEAD>**

**COVID-19 Jobsite Screening Questionnaire**

<Jobsite Name, Address and Date>

<Customer’s Primary Contact Name, Mobile Phone, and E-mail Address>

<Company> is making every effort to effectively control its workers’ exposure to COVID-19. As part of our exposure control plan, <company> requests that you complete the following questions and return the completed form to <name and phone number> at

<e-mail> by <date>.

1. Is <Customer Name> currently implementing a site-specific *COVID-19 Exposure Control Plan*? Yes\_\_\_ No\_\_\_
2. Are all personnel returning to this jobsite screened based on the last 14 days for out of country travel, domestic travel through large city airports, contact with others who have been diagnosed with COVID-19, or have symptoms of the virus, and existing COVID-19 symptoms? Yes\_\_\_ No\_\_\_
3. Are all personnel who work at this jobsite screened <daily> before starting work for a body temperature of <100.4o F> or higher and asked to self-identify if other existing COVID-19 symptoms exist? Yes\_\_\_ No\_\_\_
4. Are all personnel who work at this jobsite required to stay off the jobsite if they test positive for COVID-19, or experience a fever of <100.4o F> or higher, chills, cough, shortness of breath or difficulty breathing, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. Yes\_\_\_ No\_\_\_
5. Are hand washing or hand sanitizing facilities readily accessible? Yes\_\_\_ No\_\_\_
6. Are all personnel working at this jobsite required to follow appropriate personal hygiene practices to help prevent the spread of COVID-19? Yes\_\_\_ No\_\_\_
7. Are all frequently touched surfaces at this jobsite disinfected at least daily with a chemical disinfectant that is effective against COVID-19? Yes\_\_\_ No\_\_\_
8. Are all personnel working at this jobsite required to wear the appropriate personal protective equipment based on COVID-19 risk levels? Yes\_\_\_ No\_\_\_
9. Are all low risk personnel working at this jobsite required to always wear a cloth face covering or surgical mask? Yes\_\_\_ No\_\_\_